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MANUAL
FOR THE
MEDICAL DEPARTMENT
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1911

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U.S. Surgeon General's Office

MANUAL

FOR THE

MEDICAL DEPARTMENT

UNITED STATES ARMY

[and Corrections and additions]

1911



138304
2/5/16

WASHINGTON
GOVERNMENT PRINTING OFFICE

1911

WAR DEPARTMENT,

Document No. 392.

Office of the Surgeon-General.

WAR DEPARTMENT,
OFFICE OF THE CHIEF OF STAFF,
Washington, D. C., May 27, 1911.

The following Manual for the Medical Department prepared under the direction of the Surgeon-General, United States Army, except where its provisions are in conflict with Army Regulations or Field Service Regulations' is published for the information and guidance of the Regular Army and the Organized Militia of the United States. It will not be modified except by specific authority given in each case.

By order of the Secretary of War:

LEONARD WOOD,
Major General, Chief of Staff.

The regulations in this Manual are only a part of the general body of regulations with which the medical officer must acquaint himself. For regulations general in nature, or which affect other branches of the service, he should consult the Army Regulations properly so called. In addition special reference is necessary, for precise information on the subjects with which they deal, to the manuals for the other Staff Departments, to the Drill Regulations for the Hospital Corps, to the Field Service Regulations, to the Manual for Courts-Martial, to the Army Transport Service Regulations, to the Manual of Pack Transportation, to the Regulations of the War Department Governing the Organized Militia, to the Regulations for the United States Military Academy, to the Small Arms Firing Regulations, to the Manual of Guard Duty, etc. Regulations for the Uniform of the United States Army, Regulations for the Examination of Officers for Promotion, Post Exchange Regulations, Rules for the Examination of Recruits, Regulations Regarding the Examination and Appointment of Persons in Civil Life to be Second Lieutenants in the Army, etc., are published in General Orders from time to time.

TABLE OF CONTENTS

PART I.—GENERAL MEDICAL ADMINISTRATION

	Par.
ARTICLE I.— <i>The Medical Department, its organization, general duties, and personnel</i>	1-126
Organization and general duties	1
Medical Corps	2-12
Medical Reserve Corps	13-16
Dental Corps	17-24
Hospital Corps	25-43
Contract surgeons	44-47
Nurse Corps	48-96
Civilian employees	97-126
ARTICLE II.— <i>Education and training</i>	127-177
Library, Surgeon-General's Office	128-129
Army Medical Museum	130-131
Army Medical School	132-146
Correspondence School for Medical Officers	147
The Army Field Service School for Medical Officers	147
Field hospitals and ambulance companies, peace organizations, etc. . .	148-160
Hospital Corps detachments	161-175
Instruction in hygiene	176
Instruction in first aid	177
ARTICLE III.— <i>Sanitation</i>	178-253
Disinfection	179-192
Infective diseases	193-244
Reports of infective diseases	245-247
Analysis of water	248-253
ARTICLE IV.— <i>Hospitals</i>	254-368
Service of hospitals and medical attendance	255-302
Hospital buildings	303-306
Hospital fund	307-322
Ice for hospitals	323-324
Hospital matrons and hospital laundry work	325-336
General hospitals	337
Army and Navy General Hospital	338-355
Fort Bayard	356-368
ARTICLE V.— <i>Special duties of medical officers</i>	369-380
Chief surgeons	369-375
Attending surgeons	376-377
Disbursing officers	378-379
Medical supply officers	380
ARTICLE VI.— <i>Physical examinations</i>	381-393
Cadet candidates and cadets	381-382
Candidates for commission	383
Officers, examinations for promotion, retirement, and leave of absence, and annual examinations	384-387
Applicants for enlistment, recruits, soldiers for discharge, and deserters .	388-391

ARTICLE VI.— <i>Physical examinations</i> —Continued.	Par.
Other examinations.....	392
Vision, color sense, and hearing.....	393
ARTICLE VII.— <i>Reports, returns, and records</i>	394-483
Blank forms and books.....	394
List of reports and returns.....	395
List of records.....	396
Mode of keeping and authenticating reports, returns, and records....	397-398
Reports and records on abandonment of posts.....	399
Correspondence books and records.....	400-405
Information slips.....	406-408
Personal reports.....	409-412
Return of the Hospital Corps.....	413
Report of Medical Department passengers on transports.....	414
Sanitary reports.....	415
Register and report of sick and wounded.....	416-461
Clinical records.....	462-465
Surgical reports.....	466-468
Special reports and articles for publication.....	469-471
Medical history of post.....	472-474
Register of dental patients and report of dental work.....	475-483
ARTICLE VIII.— <i>Supplies and materials</i>	484-534
General provisions.....	484-486
Requisitions.....	487-508
Transfer of medical supplies.....	509-513
Accountability.....	514-518
Sales.....	519-520
Disposition of medical property on abandonment of posts.....	521
Use and care of medical property.....	522-532
First-aid packets.....	533
Meteorological instruments.....	534
PART II.—MEDICAL ADMINISTRATION IN CAMPAIGN	
ARTICLE IX.— <i>The Medical Department in campaign</i>	535-591
Duties of the Medical Department.....	536-537
Personnel of the field medical service.....	538-558
Organization of the Medical Department in campaign.....	559-591
ARTICLE X.— <i>The conduct of the medical service in the field</i>	592-801
Main task of field medical administration.....	592
Medical service of the front.....	593-684
Medical service of the line of communications.....	685-732
Medical service, camps of mobilization.....	733-736
Medical service on the march.....	737-739
Medical service of camps and cantonments.....	740-744
General provisions for the medical service of combat.....	745-764
Medical inspections.....	765-775
Care of inhabitants of occupied territory.....	776-777
Correspondence, reports, returns, and records.....	778-788
Requisitions and issues.....	789-795
Miscellaneous provisions respecting transportation and supplies.....	796-801
ARTICLE XI.— <i>International agreements controlling medical administration in campaign</i>	802-803
Red Cross Convention of 1906.....	802
The Hague Peace Conference of 1907.....	803

PART III.—SUPPLY TABLES

	Par.
ARTICLE XII.— <i>Post supply table</i>	804-834
Medicines, antiseptics, disinfectants, and hospital stores.....	805
Formulae of nonofficial compound medicinal preparations.....	806
Bottles and jars in dispensing set.....	807
Stationery.....	808
Hospital supplies.....	809
Articles obtained from the Quartermaster's Department.....	810
Contents of cases, chests, etc.....	811-834
ARTICLE XIII.— <i>Dental supply table</i>	835-844
Portable outfit.....	836-840
Base outfit.....	841-844
ARTICLE XIV.— <i>Field supply table</i>	845-910
Field, evacuation, and base hospitals, and the reserve medical supply.....	846-864
The ambulance company.....	865-869
Regimental hospital and infirmary.....	870-872
Field laboratory.....	873
Base depot.....	874
Transport column.....	875
Hospital ships and ships for patients.....	876
Hospital trains and trains for patients.....	877-878
Office equipment for chief surgeons.....	879
Contents of chests, cases, etc.....	880-905
Ambulance spare parts and accessories.....	906
Field wagon spare parts and accessories.....	907
Parts of harness, wagon, or ambulance.....	908
Horse equipments for mounted members of the Hospital Corps.....	909
Personal equipment of men of the Hospital Corps.....	910

PART I

GENERAL MEDICAL ADMINISTRATION

ARTICLE I.—THE MEDICAL DEPARTMENT, ITS ORGANIZATION, GENERAL DUTIES, AND PERSONNEL

ORGANIZATION AND GENERAL DUTIES

1. The Medical Department, under the act of Congress approved April 23, 1908 (35 Stats., 66; G. O. 67, 1908), as modified by the act of March 3, 1911 (36 Stats., 1054; G. O. 45, 1911), establishing the Dental Corps, consists of the Medical Corps, the Medical Reserve Corps, the Dental Corps, the Hospital Corps, and the Nurse Corps; to which may be added the contract surgeons employed by virtue of the provisions of the act of February 2, 1901 (31 Stats., 752; G. O. 9, 1901), and other civilians employed from time to time under the authority of the annual appropriation acts. The general duties of the Department are pointed out in Army Regulations.

MEDICAL CORPS

2. Extract from the act of April 23, 1908:

SEC. 2. That the Medical Corps shall consist of one Surgeon-General, with rank of brigadier-general, who shall be chief of the Medical Department; fourteen colonels, twenty-four lieutenant-colonels, one hundred and five majors, and three hundred captains or first lieutenants, who shall have rank, pay, and allowances of officers of corresponding grades in the cavalry arm of the service. Immediately following the approval of this act all officers of the Medical Department then in active service, other than the Surgeon-General, shall be recommissioned in the corresponding grades in the Medical Corps established by this act in the order of their seniority and without loss of relative rank in the Army as follows: Assistant surgeons-general, with the rank of colonel, as colonels; deputy surgeons-general, with the rank of lieutenant-colonel, as lieutenant-colonels; surgeons with the rank of major, as majors; assistant surgeons, who at the time of the approval of this act shall have served three years or more, as captains; and assistant surgeons, with the rank of first lieutenant, who at the time of the approval of this act shall have served less than three years as such, as first lieutenants; and hereafter first lieutenants shall be promoted to the grade of captain after three years' service in the Medical Corps.

SEC. 3. That promotions in the Medical Corps to fill vacancies in the several grades created or caused by this act, or hereafter occurring, shall be made according to seniority, but all such promotions and all appointments to the grade of first lieutenant in said corps shall be subject to examination as hereinafter provided: *Provided*, That the increase in grades of colonel, lieutenant-colonel, and major provided for in this act shall be filled by promotion each calendar year of not exceeding two lieutenant-colonels to be colonels, three majors to be lieutenant-colonels, fourteen captains to be majors, and of the increase in the grade of first lieutenant not more than twenty-five per centum of the total of such increase shall be appointed in any one calendar year:

Provided further, That those assistant surgeons who at the time of the approval of this act shall have attained their captaincy by reason of service in the volunteer forces under the provisions of the act of February second, nineteen hundred and one, section eighteen, or who will receive their captaincy upon the approval of this act by virtue of such service, shall take rank among the officers in or subsequently promoted to that grade, according to date of entrance into the Medical Department of the Army as commissioned officers.

SEC. 4. That no person shall receive an appointment as first lieutenant in the Medical Corps unless he shall have been examined and approved by an army medical board consisting of not less than three officers of the Medical Corps designated by the Secretary of War.

SEC. 5. That no officer of the Medical Corps below the rank of lieutenant-colonel shall be promoted therein until he shall have successfully passed an examination before an army medical board consisting of not less than three officers of the Medical Corps, to be designated by the Secretary of War, such examination to be prescribed by the Secretary of War and to be held at such time anterior to the accruing of the right to promotion as may be for the best interests of the service: *Provided*, That should any officer of the Medical Corps fail in his physical examination and be found incapacitated for service by reason of physical disability contracted in the line of duty, he shall be retired with the rank to which his seniority entitled him to be promoted; but if he should be found disqualified for promotion for any other reason, a second examination shall not be allowed, but the Secretary of War shall appoint a board of review to consist of three officers of the Medical Corps superior in rank to the officer examined, none of whom shall have served as a member of the board which examined him. If the unfavorable finding of the examining board is concurred in by the board of review, the officer reported disqualified for promotion shall, if a first lieutenant or captain, be honorably discharged from the service with one year's pay; and, if a major, shall be debarred from promotion and the officer next in rank found qualified shall be promoted to the vacancy. If the action of the examining board is disapproved by the board of review, the officer shall be considered qualified and shall be promoted.

SEC. 6. That nothing in this act shall be construed to legislate out of the service any officer now in the Medical Department of the Army, nor to affect the relative rank or promotion of any medical officer now in the service, or who may hereafter be appointed therein, as determined by the date of his appointment or commission, except as herein otherwise provided in section three.

(a) Section 5 above was modified by the proviso in the act March 3, 1909, reading as follows (35 Stats., 737):

Provided, That any major of the Medical Corps on the active list of the Army who, at his first examination for promotion to the grade of lieutenant-colonel in said corps, has been or shall hereafter be found disqualified for such promotion for any reason other than physical disability incurred in the line of duty shall be suspended from promotion and his right thereto shall pass successively to such officers next below him in rank in said corps as are or may become eligible to promotion under existing law during the period of his suspension; and any officer suspended from promotion, as hereinbefore provided, shall be reexamined as soon as practicable after the expiration of one year from the date of the completion of the examination that resulted in his suspension; and if on such reexamination he is found qualified for promotion, he shall again become eligible thereto; but if he is found disqualified by reason of physical disability incurred in line of duty, he shall be retired, with the rank to which his seniority entitles him to be promoted; and if he is not found disqualified by reason of such physical disability, but is found disqualified for promotion for any other reason, he shall be retired without promotion.

APPOINTMENTS

3. An applicant for appointment in the Medical Corps of the Army must be between 22 and 30 years of age, must be a citizen of the United States, must have a satisfactory general education, must be a graduate of a reputable medical school legally authorized to confer the degree of doctor of medicine, and must have had at least one year's hospital training, including practical experience in the practice of medicine, surgery and obstetrics, or the equivalent of this in practice after graduation.

(a) Appointments to the Medical Corps are made by the President, upon the recommendation of the Surgeon-General, after the applicants have passed the prescribed examination. The examination will consist of two parts—a preliminary examination, and a final or qualifying examination, with a course of instruction at the Army Medical School intervening.

(b) Permission to appear for examination should be applied for by letter to The Adjutant-General of the Army. The application must be wholly in the handwriting of the applicant, must give the place and date of his birth, must indicate the place and State or Territory of which he is a permanent resident, and must enclose certificates, based upon personal acquaintance, from at least two reputable persons as to his citizenship, character, and habits. Should his original application reveal any disqualification he will be so advised. Should no disqualification be disclosed he will be given an opportunity to complete his application by filing his personal history on Form 144. Should this indicate no disqualification he will in due season be formally invited to appear before the local board (par. 4) at the point most convenient for him, and a date will be fixed for his appearance.

(c) No allowances will be made for the expenses of applicants undergoing preliminary examinations.

4. The preliminary examinations will be conducted, under instructions from the Surgeon-General, by local boards of one or more medical officers, and by a central board of not less than three, which shall be known as the Army Medical Board.

(a) Local boards will be convened at the larger military posts as occasion requires. Permanent local boards also will be established from time to time where deemed necessary. They will meet monthly whenever candidates are authorized to appear before them.

5. Each applicant, upon presenting himself to the local board, will, prior to his physical examination, be required to fill out and sign, on Form 147, a statement as to his nativity, age, citizenship, graduation, etc. (including a certificate that he labors under no mental or physical infirmity or disability which can interfere with the efficient

discharge of any duty he may be called upon to perform) and will be required to submit his diploma therewith. If he declines to give the statement, or fails to submit his diploma, the examination will not be proceeded with.

(a) If he gives the prescribed statement and submits his diploma the board will then proceed with his physical examination, which will conform in all respects to that required of candidates from civil life for commission in the line of the Army, except in respect to vision, the minimum requirements of which will be fixed from time to time in general orders. The physical examination will be made complete in each case, even though a disqualification be discovered, so as to ascertain whether any other disqualifications exist. If the board find one or more causes of disqualification which in their opinion are permanent they will reject the applicant and not proceed with the mental examinations. It is highly desirable that when an applicant is rejected for physical disqualification the cause or causes of rejection should be so clearly established as to be conclusive of the reasonableness and propriety of the rejection. If the board have any doubt whether a disqualification is permanent they may require appropriate additional testimony concerning the same, and such evidence as may be obtainable bearing on the medical history of the applicant and of his family. Should the board find one or more physical disqualifications which in their opinion are temporary in nature and such as may be overcome by the time the applicant, if otherwise acceptable, would be ordered to attend the Army Medical School, they may proceed with the mental examinations, if the applicant so desires, upon the understanding that he shall present himself at a time and place to be designated by the Surgeon-General for a second physical examination and upon the condition that his acceptance as a candidate shall be subject in all respects to his qualifying at the second physical examination. In reporting the physical examination in such case the reasons which led the board to consider the disqualifications temporary and influenced them to continue the examination notwithstanding the same will be fully set forth in their report. The physical examination will be reported on Form 145a.

(b) The applicant having been found physically qualified, or the physical disqualifications found being only temporary as provided in the preceding section, the board will next proceed with the mental examinations, which will be in writing, as follows:

As to his *general education*.—This examination may be omitted at the discretion of the Surgeon-General in the case of applicants holding diplomas or certificates from reputable literary or scientific colleges, normal schools or high schools, or of graduates of medical schools which require an entrance examination satisfactory to the Surgeon-General. When held it will cover mathematics (arithmetic, algebra,

and plane geometry), geography, history (especially of the United States), general literature, Latin grammar, and the reading of easy Latin prose. Questions in these subjects will be sent from the Surgeon-General's Office if examination therein is required.

As to his *professional education*.—This will be in the following subjects, upon questions supplied to the board from the Surgeon-General's Office: Anatomy, physiology and histology, chemistry and physics, materia medica and therapeutics, surgery, practice of medicine, obstetrics and gynecology.

(c) Upon the conclusion of their examination the local board will return the applicant's diploma to him.

(d) The local board will report their proceedings on Form 146, direct to the Surgeon-General, noting thereon their opinion of the applicant's aptitude for the service as good, fair, or poor. They will forward therewith without marking them the questions and answers in the mental examinations.

6. The favorable findings of the local board as to an applicant's physical qualifications, their opinion as to his aptitude for the service, and the questions and answers in his mental examinations, will be referred by the Surgeon-General to the Army Medical Board, who will mark the applicant's questions and answers proportionately to their relative value in each class, will rate his aptitude for the service and will make final report to the Surgeon-General as to his qualifications. English grammar, orthography, and composition will be determined from the applicant's examination papers. An applicant who in the opinion of the Army Medical Board is physically disqualified will be rejected on that ground, notwithstanding the favorable findings of the local board. An applicant who is deficient in English grammar, orthography, and composition will be rejected. An applicant who has been examined as to his general education and fails to make a general average therein of 75 per cent will be rejected. An applicant who has been found physically qualified, and whose general education and English grammar, orthography, and composition have been found satisfactory, and who makes a general average of 80 per cent in his professional examination and aptitude, will be reported on Form 149 as qualified.

7. An applicant failing in one preliminary examination may be allowed another after the expiration of one year, but not a third. Withdrawal from examination during its progress, except because of sickness, will be deemed a failure.

8. Qualified applicants, upon pledging themselves to accept a commission in the Medical Corps, if found qualified in the final examination, and to serve at least five years thereunder unless sooner discharged, will be appointed to the Medical Reserve Corps with the rank of first lieutenant and ordered to the Army Medical School,

Washington, D. C., for instruction as candidates for admission to the Medical Corps of the Army. If, however, a greater number of applicants qualify than can be accommodated at the school, the requisite number will be selected according to their relative standing as marked by the Army Medical Board.

(a) Qualified candidates ordered to the school receive the pay and allowances of a first lieutenant for the journey from their homes to Washington, and while on duty at the school.

(b) While undergoing instruction they shall be known as student candidates.

(c) If it shall appear during a candidate's attendance at the school that his appointment to the Medical Corps would be undesirable, he shall forthwith be relieved from active duty and his discharge from the service recommended. In cases of gross misconduct, travel home prior to relief from active duty will not be ordered.

(d) If the student candidate fails to qualify for graduation conformably to the regulations of the school, he will be relieved from active duty and his discharge from the service recommended at the close of the term of the school. A second course in the school will in no case be allowed.

9. The final or qualifying examination of graduate candidates for appointment in the Medical Corps will be held by the Army Medical Board (par. 4) immediately after the close of the term of the Army Medical School. It will cover the following points: First, the candidate's physical qualifications; second, his clinical skill and acumen; and third, his general aptitude for the service.

(a) The physical examination will be thorough. If it reveals a permanent incapacity for active military service, the candidate will be relieved from active duty and his discharge from the service recommended. If it reveals an incapacity curable within a brief period, the candidate will be regarded as physically qualified, and the clinical examination will be proceeded with. The question whether the incapacity is permanent or curable is one for the examining board to determine. In case of doubt the examination will be discontinued, and the candidate relieved from active duty to afford him an opportunity to effect a cure. A candidate relieved from active duty for this purpose may, upon the recommendation of the Surgeon-General, be called into active service the following year, for final examination with the next class of candidates. Should he then be found physically incapacitated he will be again relieved from active duty and his discharge from the service recommended.

(b) The candidate having been found physically qualified, the board will then proceed with his clinical examination and the inquiry into his general aptitude, giving him appropriate ratings under each head conformably to instructions from the Surgeon-General.

(c) Graduate candidates who are found physically qualified and who obtain a general average of 80 per cent in their preliminary professional examination, their course at the Army Medical School, their clinical examination, and their general aptitude, will be eligible for appointment in the Medical Corps.

(d) Eligible candidates may, if they so desire, take a special examination in ancient or modern languages, higher mathematics, or scientific branches other than medical. Proficiency therein will be rated by the board conformably to instructions from the Surgeon-General.

(e) The relative standing for appointment of eligible candidates will be determined by the total number of points obtained in the preliminary professional examination, in the school, in the clinical examination, in general aptitude, and in the special examination, if one is taken.

(f) Eligible candidates who fail to receive appointments because of lack of vacancies at the time of qualification may receive them in the order of their standing as vacancies occur before the graduation of the next class. Thereafter they shall not be eligible for appointment in the Medical Corps, but will be preferred for selection for volunteer commissions and for active duty in the Medical Reserve Corps.

EXAMINATION FOR PROMOTION

(See par. 2, sec. 5)

10. Regulations governing the examination of officers of the Army for promotion are published by the War Department from time to time in general orders.

11. Before proceeding with the physical examination for the promotion of a medical officer, the officer about to be examined will be required to submit, for the information of the examining board, a certificate as to his physical condition. If he knows of no physical disqualification existing, the certificate will take the following form:

I certify, to the best of my knowledge and belief, that I am not affected with any form of disease or disability which will interfere with the performance of the duties of the grade for promotion to which I am about to undergo examination.

(a) The certificate called for in this paragraph will be attached to the proceedings of the board.

12. The following is the scope of the professional examination prescribed for the promotion of medical officers (par. 35, G. O. 192, 1909, as amended by G. O. 10, 1911):

FROM LIEUTENANT TO CAPTAIN

1. Medical Department administration, covering:

(a) Army Regulations, so far as they relate to the Medical Department or to the medical officer as an officer of the Army.

- (b) Manual for the Medical Department.
- (c) Drill Regulations, Hospital Corps.
- (d) Military law; general courts-martial; inferior courts-martial.
- (e) Field Service Regulations: organization of the Medical Department; shelter; medical and sanitary service; instructions for the government of the armies of the United States in time of war.
- 2. Hygiene, general and military.
- 3. Practice of medicine, including tropical diseases and recent progress in etiology, pathology, and therapeutics.
- 4. Surgery, including recent progress in etiology, pathology, therapeutics, and new operative procedures.

FROM CAPTAIN TO MAJOR

- 1. (a) Organization and administration of medical service in war.
- (b) Military law, including the laws and customs of war as respects the sick, wounded, and noncombatants.
- 2. Recent progress in medicine, surgery, and hygiene. (Within the last decade.)
- 3. If desired by the candidate an examination in one of the following special subjects, which may be selected by him, and which will as far as possible test his practical as well as theoretical knowledge of the subject selected. If a special subject is selected a value equal to that given to the other subjects will be given to it. Upon the receipt of an order to appear before a board for examination for promotion to the grade of major the candidate will at once inform the Surgeon-General, in writing, of the special subject, if any, that he selects in which to be examined.
- (a) State medicine, including municipal sanitation, preventive medicine, the epidemiology of diseases, and hospital and barrack construction.
- (b) Operative general surgery.
- (c) Bacteriology (including the preparation and use of sera and vaccines): the zoology of human parasites and suctorial insects.
- Clinical microscopy and pathology.
- (d) Ophthalmology, otology, laryngology and rhinology.
- (e) Psychiatry and nervous diseases.
- (f) Gynecology, midwifery, and pediatrics.
- (g) The purchase, storage, and issue of medical supplies; the practical testing of the quality of drugs and other supplies; money disbursements; reports and returns and administrative methods of supply depots in peace and war.

FROM MAJOR TO LIEUTENANT-COLONEL

- 1. General and military hygiene, including epidemiology of infectious diseases, quarantine, and other applications of sanitary science and preventive medicine; demography so far as it relates to the vital statistics of armies.
- 2. (a) Duties of chief surgeons in peace and war.
- (b) A medico-military problem which shall test the ability of the candidate to apply his knowledge in the practical solution of the questions of organization, supply, sanitary precautions, etc., which confront the chief surgeon of an independent command at home or abroad in time of war.

(Reference to books, maps, and other sources of information is permitted under such limitations as the board may impose.)

If desired by the candidate, a special subject in the line of work in which he has been occupied, selected from the list of special subjects hereinbefore given, may be added to this examination and given equal value to the other subjects. Application for the addition of a special subject to the examination will be made, in writing, by the candidate to the Surgeon-General before appearing before the board.

MEDICAL RESERVE CORPS**13. Extract from the act of April 23, 1908:**

SEC. 7. That for the purpose of securing a reserve corps of medical officers available for military service, the President of the United States is authorized to issue commissions as first lieutenants therein to such graduates of reputable schools of medicine, citizens of the United States, as shall from time to time, upon examination to be prescribed by the Secretary of War, be found physically, mentally, and morally qualified to hold such commissions, the persons so commissioned to constitute and be known as the Medical Reserve Corps. The commissions so given shall confer upon the holders all the authority, rights, and privileges of commissioned officers of the like grade in the Medical Corps of the United States Army, except promotions, but only when called into active duty, as hereinafter provided, and during the period of such active duty. Officers of the Medical Reserve Corps shall have rank in said corps according to date of their commissions therein, and when employed on active duty, as hereinafter provided, shall rank next below all other officers of like grade in the United States Army: *Provided*, That contract surgeons now in the military service who receive the favorable recommendation of the Surgeon-General of the Army shall be eligible for appointment in said reserve corps without further examination: *Provided further*, That any contract surgeon not over twenty-seven years of age at date of his appointment as contract surgeon shall be eligible to appointment in the regular corps.

SEC. 8. That in emergencies the Secretary of War may order officers of the Medical Reserve Corps to active duty in the service of the United States in such numbers as the public interests may require, and may relieve them from such duty when their services are no longer necessary: *Provided*, That nothing in this act shall be construed as authorizing an officer of the Medical Reserve Corps to be ordered upon active duty as herein provided who is unwilling to accept such service, nor to prohibit an officer of the Medical Reserve Corps not designated for active duty from service with the militia, or with the volunteer troops of the United States, or in the service of the United States in any other capacity, but when so serving with the militia or with volunteer troops, or when employed in the service of the United States in any other capacity, an officer of the Medical Reserve Corps shall not be subject to call for duty under the terms of this section: *And provided further*, That the President is authorized to honorably discharge from the Medical Reserve Corps any officer thereof whose services are no longer required: *And provided further*, That officers of the Medical Reserve Corps who apply for appointment in the Medical Corps of the Army may, upon the recommendation of the Surgeon-General, be placed on active duty by the Secretary of War and ordered to the Army Medical School for instruction and further examination to determine their fitness for commission in the Medical Corps: *And provided further*, That any officer of the Medical Reserve Corps who is subject to call and who shall be ordered upon active duty as herein provided and who shall be unwilling and refuse to accept such service shall forfeit his commission.

SEC. 9. That officers of the Medical Reserve Corps when called upon active duty in the service of the United States, as provided in section eight of this act, shall be subject to the laws, regulations, and orders for the government of the Regular Army, and during the period of such service shall be entitled to the pay and allowances of first lieutenants of the Medical Corps with increase for length of service now allowed by law, said increase to be computed only for time of active duty: *Provided*, That no officer of the Medical Reserve Corps shall be entitled to retirement or retirement pay, nor shall he be entitled to pension except for physical disability incurred in the line of duty while in active duty: *And provided further*, That nothing in this act shall be construed to prevent the appointment in time of war of medical officers of volunteers in such numbers and with such rank and pay as may be provided by law.

14. An applicant for appointment in the Medical Reserve Corps must be between 22 and 45 years of age, must be a citizen of the United States, must be a graduate of a reputable medical school legally authorized to confer the degree of doctor of medicine, and must have qualified to practice medicine in the State or Territory in which he resides.

(a) Appointments in this corps are made by the President upon the recommendation of the Surgeon-General after the applicants have passed the prescribed examinations. Permission to appear for examination is obtained by application to The Adjutant-General of the Army similar to that required in the case of applicants for appointment in the Medical Corps (par. 3*b*). Should his original application reveal any disqualification, the applicant will be so advised. Should none be disclosed, he will be given an opportunity to complete his application by filing his personal history on Form 144*a*, accompanied by a certificate from the proper State or local official that the applicant is duly qualified to practice medicine in the State or Territory where he resides. Should his personal history indicate no disqualification, he will in due season be formally invited to appear before the examining board at the place most convenient for him. No allowances will be made for the expenses of applicants undergoing examination.

15. The examination will be conducted, under instructions from the Surgeon-General, by boards of one or more officers of the Medical Corps convened from time to time, as required, at military posts or stations.

(a) Upon presenting himself to the board the applicant will be required to fill out a statement and certificate on form 147, similar to that prescribed in the case of applicants for appointment in the Medical Corps (par. 5), and will be required to submit his diploma therewith. Should he decline or fail to do so the examination will be discontinued.

(b) The statement and certificate having been given and the diploma submitted, the board will then make a thorough physical examination of the applicant, which must conform in all respects to that required of candidates for commission in the Medical Corps (par. 5*a*). If any physical disqualification for the service is found the examination will be discontinued. The findings and action of the board will be reported on Form 145*a*, modified to suit the case.

(c) The applicant having been found physically qualified, the board will next proceed with his professional examination in the following subjects: Practice of medicine, surgery, obstetrics and gynecology, and hygiene. This examination will be oral and sufficiently comprehensive to determine whether, in the opinion of the board, the applicant is qualified to practice his profession under the usual

conditions of the military service. Should the oral examination in any subject be unsatisfactory, the applicant may be required to take a written examination therein.

(d) Upon the conclusion of the examination the board will return the applicant's diploma to him. They will report their proceedings on Form 144b, direct to the Surgeon-General.

16. Applicants who qualify will be recommended to the President for commission.

DENTAL CORPS

17. Extract from the act of March 3, 1911 (36 Stats., 1054):

Hereafter there shall be attached to the Medical Department a Dental Corps, which shall be composed of dental surgeons and acting dental surgeons, the total number of which shall not exceed the proportion of one to each thousand of actual enlisted strength of the Army; the number of dental surgeons shall not exceed sixty, and the number of acting dental surgeons shall be such as may, from time to time, be authorized by law. All original appointments to the Dental Corps shall be as acting dental surgeons, who shall have the same official status, pay, and allowances as the contract dental surgeons now authorized by law. Acting dental surgeons who have served three years in a manner satisfactory to the Secretary of War shall be eligible for appointment as dental surgeons, and, after passing in a satisfactory manner an examination which may be prescribed by the Secretary of War, may be commissioned with the rank of first lieutenant in the Dental Corps to fill the vacancies existing therein. Officers of the Dental Corps shall have rank in such corps according to date of their commissions therein and shall rank next below officers of the Medical Reserve Corps. Their right to command shall be limited to the Dental Corps. The pay and allowances of dental surgeons shall be those of first lieutenants, including the right to retirement on account of age or disability, as in the case of other officers: *Provided*, That the time served by dental surgeons as acting dental or contract dental surgeons shall be reckoned in computing the increased service pay of such as are commissioned under this act. The appointees as acting dental surgeons must be citizens of the United States between twenty-one and twenty-seven years of age, graduates of a standard dental college, of good moral character and good professional education, and they shall be required to pass the usual physical examination required for appointment in the Medical Corps, and a professional examination which shall include tests of skill in practical dentistry and of proficiency in the usual subjects of a standard dental college course: *Provided*, That the contract dental surgeons attached to the Medical Department at the time of the passage of this act may be eligible for appointment as first lieutenants, Dental Corps, without limitation as to age: *And provided further*, That the professional examination for such appointment may be waived in the case of contract dental surgeons in the service at the time of the passage of this act whose efficiency reports and entrance examinations are satisfactory. The Secretary of War is authorized to appoint boards of three examiners to conduct the examinations herein prescribed, one of whom shall be a surgeon in the Army and two of whom shall be selected by the Secretary of War from the commissioned dental surgeons.

18. Applications for examination for appointment as acting dental surgeons under the foregoing law should be made on Form 130, to the Surgeon-General, who will furnish blanks therefor on request. They must in each case be accompanied by testimonials from at least two reputable persons as to the applicant's character and habits.

19. Examinations will be authorized and boards to conduct them will be convened from time to time as may be deemed necessary. An applicant selected for examination will in due season be notified when and where to present himself to the board.

20. No allowances will be made for the expenses of applicants undergoing examination, whether incurred in traveling to and from or during their stay at the place of examination.

21. Each applicant, upon presenting himself to the examining board, will, prior to his physical examination, be required to submit his diploma as a graduate of a standard dental college. Should he fail to do so the examination will not be proceeded with.

(a) His diploma having been found satisfactory (and returned), the medical member of the board will then proceed with the physical examination of the applicant, which will conform in all respects to that required of candidates from civil life for commission in the Medical Corps of the Army. If any physical disqualification for the service is found the examination will be discontinued and the applicant rejected. The findings of the medical member of the board in respect to the candidate's physical qualifications will be recorded on Form 138 and reported direct to the Surgeon-General upon the conclusion of the examination.

(b) If the applicant is found physically qualified, the whole board will then proceed with his professional examination. This will embrace both theoretical knowledge and practical operative and prosthetic dentistry, particular stress being laid upon the clinical examination in practical work. The examination will include the following subjects:

Theoretical (written and oral): Anatomy, physiology, histology, physics, chemistry, metallurgy, dental anatomy and physiology, dental materia medica and therapeutics, dental pathology and bacteriology, orthodontia, oral surgery, operative dentistry (theory) and prosthetic dentistry (theory).

Practical (clinical): Operative dentistry and prosthetic dentistry.

(c) An average of 75 per cent will be required in the subjects of the theoretical examination and 85 per cent in the practical examination.

(d) The board will make a full report of the examination of each applicant and forward all papers connected therewith direct to the Surgeon-General.

22. Applicants who qualify at the examination will be preferred for employment as acting dental surgeons in the order of their standing at the examination, according to the needs of the service during the ensuing year. After the expiration of a year they will no longer be considered eligible until again examined.

(a) Contracts to perform the duties of an acting dental surgeon will be entered into on Form 45, by the Surgeon-General only, with

selected applicants who have qualified as hereinbefore required. They will be annulled only by him or by his direction, or by the commanding general of a territorial department or division, or of a field army, subject to the provisions of Army Regulations.

23. Acting dental surgeons whose work and conduct during a service of three years as disclosed by the records of the War Department have given rise to no material and well-grounded criticism will be regarded as eligible for promotion to the grade of dental surgeon, upon the occurring of vacancies therein, subject to a physical and professional examination by a board duly constituted as prescribed by law.

(a) The candidate upon presenting himself to the board will, prior to his physical examination, be required to certify in writing that he labors under no mental or physical infirmity or disability which can interfere with the efficient discharge of any duty he may be called upon to perform. This having been given, the medical member of the board will proceed with the applicant's physical examination, which will conform to that prescribed in paragraph 21a for applicants for appointment as acting dental surgeons, and will be conducted, discontinued, recorded, and reported in like manner.

(b) The candidate having been found physically qualified, the board will then proceed with the professional examination of the candidate, the character and scope of which will be determined by the board under instructions given by the Surgeon-General.

(c) The board will make a full report of its proceedings and forward all papers connected therewith direct to the Surgeon-General.

(d) Candidates who qualify will be recommended to the President for commission.

24. The enlisted assistant to the dentist will be attached to the detachment of the Hospital Corps. Dental assistants are regarded as being under special instruction while on duty with dentists, and will not be required to attend other instruction.

HOSPITAL CORPS

CONSTITUTION OF THE CORPS

25. Extract from the act of March 1, 1887 (24 Stats., 435):

That the Hospital Corps of the United States Army shall consist of hospital stewards, acting hospital stewards, and privates; and all necessary hospital services in garrison, camp, or field (including ambulance service) shall be performed by the members thereof, who shall be regularly enlisted in the military service; said corps shall be permanently attached to the Medical Department, and shall not be included in the effective strength of the Army nor counted as a part of the enlisted force provided by law.

SEC. 2. That the Secretary of War is empowered to appoint as many hospital stewards as in his judgment the service may require; but not more than one hospital

steward shall be stationed at any post or place without special authority of the Secretary of War.

SEC. 3. That * * * hospital stewards * * * shall have rank with ordnance sergeants, and be entitled to all the allowances appertaining to that grade.

SEC. 4. That no person shall be appointed a hospital steward unless he shall have passed a satisfactory examination before a board of one or more medical officers as to his qualifications for the position, and demonstrated his fitness therefor by service of not less than 12 months as acting hospital steward; and no person shall be designated for such examination except by written authority of the Surgeon-General.

SEC. 5. That the Secretary of War is empowered to enlist, or cause to be enlisted, as many privates of the Hospital Corps as the service may require, and to limit or fix the number, and make such regulations for their government as may be necessary; and any enlisted man in the Army shall be eligible for transfer to the Hospital Corps as a private. They shall perform duty, as wardmasters, cooks, nurses, and attendants in hospitals, and as stretcher bearers, litter bearers, and ambulance attendants in the field, and such other duties as may by proper authority be required of them.

SEC. 6. That * * * privates of the Hospital Corps * * * shall be entitled to the same allowances as a corporal of the arm of service with which on duty.

SEC. 7. That privates of the Hospital Corps may be detailed as acting hospital stewards by the Secretary of War, upon the recommendation of the Surgeon-General, whenever the necessities of the service require it; * * *. Acting hospital stewards, when educated in the duties of the position, may be eligible for examination for appointment as hospital stewards as above provided.

(a) Section 18 of the act approved February 2, 1901 (31 Stats., 753), fixed the number of hospital stewards at 300 and provided:

That men who have served as hospital stewards of volunteer regiments or acted in that capacity during and since the Spanish-American war for more than six months may be appointed hospital stewards in the Regular Army: *And provided further*, That all men so appointed shall be of good moral character and shall have passed a satisfactory mental and physical examination.

(b) The act of March 2, 1903 (32 Stats., 930), defines the present status of the corps as follows:

That hereafter the Hospital Corps of the United States Army shall consist of sergeants first class, sergeants, corporals, privates first class, and privates; the rank * * * of sergeants first class, sergeants, and privates first class shall be as now provided by law for hospital stewards, acting hospital stewards, and privates of the Hospital Corps; * * *. That the Secretary of War is authorized to organize companies of instruction, ambulance companies, field hospitals, and other detachments of the Hospital Corps as the necessities of the service may require.

ACTING COOKS

26. The act of Congress approved May 11, 1908 (35 Stats., 109), providing for acting cooks of the Hospital Corps, is regarded as having established a new grade in that corps. (G. O. 65, 1909.)

(a) Acting cooks are not enlisted as such; but when authorized under the provisions of paragraph 27 for any hospital or establishment or organization of the Medical Department the commanding officer of the hospital or establishment or organization of the Medical Department may appoint them by promotion from among the privates first class or privates on duty therein.

(b) When their continued service as such is no longer authorized they will be reduced by such officer to the grade from which they were promoted; and he may in his discretion likewise reduce them at any other time for inefficiency or misconduct. Acting cooks who were promoted from the grade of private first class will not be reduced to the grade of private, except by the chief surgeon of a division or department, by the Surgeon-General, or by sentence of a court-martial.

27. Acting cooks are authorized as follows:

To each post or station where a hospital is conducted, and whose garrison is less than the equivalent of a regiment, 1.

To each post or station where a hospital is conducted, and whose garrison is equivalent to or more than the equivalent of a regiment but is less than the equivalent of two regiments, 2.

To each post or station where a hospital is conducted, and whose garrison is equivalent to or more than the equivalent of two regiments but less than the equivalent of three regiments, 3.

To each post or station where a hospital is conducted, and whose garrison is equivalent to three regiments or more, 4.

To each recruit depot, 2.

To each transoceanic transport, 1.

To each ambulance company, 1.

To each field hospital, evacuation hospital, base hospital, hospital train, hospital ship, or general hospital, adding the number of beds capacity to the authorized number of the personnel, 1 for each 50 of the resulting sum; and if the remainder over exceeds 25, 1 additional for the remainder.

LANCE CORPORALS

28. The appointment of lance corporals of the Hospital Corps is governed by Army Regulations.

ENLISTMENTS IN AND TRANSFERS TO THE CORPS

29. Medical officers will not make enlistments or reenlistments for the Hospital Corps without obtaining special authority from the Surgeon-General or the chief surgeon. Chief surgeons are authorized to enlist for the Hospital Corps up to the regular allowance of their respective departments without reference to the Surgeon-General. They may also authorize reenlistments of privates, privates first class, lance corporals, corporals, and sergeants, serving within their departments. (See Army Regulations.)

(a) Contract surgeons can not make enlistments, as the oath must be administered by a commissioned officer.

(b) The enlistment papers of all men enlisting or reenlisting in the Hospital Corps will be forwarded direct to The Adjutant-General of the Army. (See G. O. 206, 1907.)

30. When an enlisted man of the line or of another staff corps or department is transferred to the Hospital Corps the medical officer who first receives the soldier so transferred will forward a copy of his descriptive and assignment card, or in the absence of such card, a copy of his descriptive list and military record, direct to the Surgeon-General. (See G. O. 206, 1907.)

SERGEANTS FIRST CLASS AND SERGEANTS

31. An application for appointment as sergeant first class or as sergeant, Hospital Corps, must be accompanied by an affidavit that the applicant is not married. Applications from independent posts or commands will be forwarded direct to the Surgeon-General. Applications from other posts or commands will be forwarded: (a) If for appointment as sergeant first class, through the chief surgeon to the Surgeon-General; and (b) if for appointment as sergeant, to the chief surgeon.

32. Examinations for appointment to these grades are conducted by boards of medical officers conformably to the provisions of Army Regulations. The examinations will be both oral and practical, and written. They will embrace the same subjects for both grades, but the examination for sergeant will be less difficult.

(a) Examinations for appointment to the grade of sergeant first class at all posts, and for appointment to the grade of sergeant at independent posts, will be held at such times as may be designated by the Surgeon-General. The questions for the written examinations will be prepared in his office.

(b) Examinations for appointment to the grade of sergeant, except at independent posts, will be held under the direction of chief surgeons whenever they deem the same necessary (generally once or twice a year) without previous reference to the Surgeon-General. The questions for the written examinations will be prepared by the chief surgeons.

(c) The examining board will investigate and report upon the candidate's qualifications under the following heads: (1) Physical condition; (2) character and habits, especially as to the use of stimulants and narcotics; (3) discipline and control of men; (4) knowledge of regulations; (5) nursing; (6) dispensary work; (7) clerical work; (8) principles of cooking, and mess management; (9) Hospital Corps drill; (10) minor surgery and first aid, including extraction of teeth. The board will require the candidate to prepare a full set of papers pertaining to the Medical Department, and to drill a detachment of the Hospital Corps sufficiently to demonstrate his thorough knowledge of the drill regulations.

(d) The written examination will embrace the following subjects: (1) Arithmetic; (2) materia medica; (3) pharmacy; (4) care of sick and ward management; (5) minor surgery and first aid; (6) elemen-

tary hygiene. Ten questions will be asked in each subject. Proficiency in penmanship and orthography will be estimated from the papers submitted.

(e) In forwarding their report the board will certify that the answers to questions in the written examination were made without recourse to books, memoranda or other sources of assistance. The report of the examining board in the case of a candidate for appointment as sergeant first class will be forwarded with the examination papers direct to the Surgeon-General, in whose office the papers will be marked. The board will mark the papers of a candidate for appointment as sergeant, and will then send them to the chief surgeon, or in the case of an independent post or command direct to the Surgeon-General, with their report as to the candidate's qualifications. If the report is made to a chief surgeon he will, after taking appropriate action in the premises, forward all the papers, with a note of his action, to the Surgeon-General, inclosing a copy of the questions asked in the written examination.

33. A sergeant first class may be reenlisted in that grade, on the authority of the Surgeon-General, subject to the conditions prescribed in Army Regulations. A sergeant first class who desires to reenlist will report that fact, through medical channels, to the Surgeon-General, at least 60 days before the expiration of his term of service. A reexamination before first reenlistment may be waived by the Surgeon-General if the commanding officer of the hospital or establishment or organization of the Medical Department with which the soldier is on duty, and the chief surgeon, if any, having immediate supervision over it, concur in the statement that he has performed his duties efficiently. The prescribed examination will, however, always be held before the second reenlistment. No examination on subsequent reenlistment will ordinarily be held; but it may be called for by the Surgeon-General if in his judgment the interests of the service require it.

DUTIES OF NONCOMMISSIONED OFFICERS

34. The duties of noncommissioned officers of the Hospital Corps are to maintain discipline in hospitals and watch over their general police; to supervise the duties and assist in the instruction of the members of the Hospital Corps in hospital and in the field; to look after and distribute hospital stores and supplies; to care for hospital property; to compound medicines; to prepare reports and returns; and to perform such other duties as may, by proper authority, be required of them.

CHANGES OF STATION OR STATUS

35. During time of peace all changes in the personnel of the Hospital Corps by enlistment, discharge, death, desertion, etc., all

changes in the stations of its members by departure for or assignment to another post or command or by arrival or assignment from another post or command, and all changes in their status at post or with the command (such as from present for duty to present sick; from present sick to duty; from present to furlough, specifying its duration; from furlough to present; to arrest, etc.) will be reported on the day of the change by the officer commanding the detachment or Medical Department organization through the chief surgeon to the Surgeon-General, or in the case of independent commands direct to the Surgeon-General.

In cases of discharge the report will show, first, the soldier's character given on discharge; second, objections to his reenlistment, if there are any, otherwise the fact that there are none; third, his physical condition, good or poor; fourth, whether he is single or married; fifth, his mail address; and sixth, such other information as may be pertinent.

In all cases the particulars of the changes reported will be indicated in full.

(a) The chief surgeon through whom these reports are forwarded will promptly examine them, will have the responsible officer correct any errors found therein, and will without delay transmit them to their destination by informal indorsement (e. g., dating stamp), having taken therefrom such memoranda as he may require.

36. Whenever a soldier of the Hospital Corps is transferred from one station to another the surgeon of his old station will advise the surgeon of his new station as to his character, sobriety, attention to duty, and physical condition. In noting physical condition any serious defects will be mentioned. In the case of a noncommissioned officer, his aptitude, intelligence, ability to command men, ability as pharmacist, ability as clerk, ability as drill sergeant, and soldierly bearing will also be noted; in the case of a private first class or private, his special qualifications as nurse, cook, clerk, typewriter, stenographer, etc. This advice will be given by information slip, and will be forwarded through the chief surgeon of the department, except when the transfer is to an independent post or station, in which case it will be sent direct.

CLOTHING AND EQUIPMENTS

37. The clothing allowances of enlisted men, including soldiers of the Hospital Corps, are prescribed in orders published from time to time.

(a) White duck clothing as issued by the Quartermaster's Department should be worn by Hospital Corps men on duty in the wards, dispensaries, post-mortem rooms, operating rooms, messrooms, and kitchens of hospitals; also by Hospital Corps men on duty as assist-

ants to dental surgeons. White clothing soiled while on such duty may be included in the hospital laundry (par. 326a).

38. The equipments and service kits of soldiers of the Hospital Corps are prescribed in general orders.

39. Surgeons of posts will keep on hand a supply of horse equipments sufficient for the use of all soldiers of the Hospital Corps who are authorized to be mounted on the march or in the field.

40. The method of packing the equipment for mounted and dismounted men is described in Drill Regulations for the Hospital Corps.

41. When it is necessary to employ enlisted men of the Hospital Corps on guard duty at posts at which no other troops are stationed, the issue of firearms to them is authorized. Otherwise no arms will be issued to enlisted men of the Hospital Corps except as provided in Army Regulations and Field Service Regulations.

42. Articles of personal equipment, belonging to the Medical Department, which a detached soldier carries with him, will be listed upon duplicate invoice blanks, Form 28, each invoice being signed by the issuing officer, and by the soldier acknowledging receipt of the property. The invoices will when practicable indicate the soldier's destination. One of them will be forwarded with the soldier's descriptive list or descriptive and assignment card, upon which a remark will be made that it is so accompanied, as "Invoice herewith of medical property in the soldier's possession;" the other will be forwarded at once by the issuing officer direct to the Surgeon-General. The issuing officer will drop from his return the articles thus transferred, which will be taken up by the officer to whom the soldier reports. The latter officer will execute duplicate receipts therefor on Form 28 (naming therein the soldier with whom the articles were received), one of which he will forward at once direct to the Surgeon-General and the other to the issuing officer, filing with his retained papers the invoice which accompanied the descriptive list or descriptive and assignment card. (For general rule governing transfers of medical property see par. 509 et seq. For medical property transferred with sick see par. 281.)

(a) Ordnance property transferred in the possession of enlisted men will be accounted for as prescribed in Army Regulations.

43. The shelter-tent half will not be taken by the soldier in changing station, unless he is ordered to join a command for service in the field.

CONTRACT SURGEONS

44. Extract from the act of February 2, 1901, section 18:

That in emergencies the Surgeon-General of the Army, with the approval of the Secretary of War, may appoint as many contract surgeons as may be necessary, at a compensation not to exceed \$150 per month.

45. Contracts with private physicians are entered into only by the Surgeon-General or by his authority. They are either general or special.

(a) General contracts will be made on Form 44; special on Form 44a. If made by the Surgeon-General himself they will be executed in triplicate, one number for the physician, the other two for the Surgeon-General and the Auditor for the War Department. When the contract is made by another officer a fourth number should be executed to be retained by him.

(b) Contracts made by the Surgeon-General or by the chief surgeon of a territorial department or division or of a field army will be annulled only by direction of those officers.

46. A general contract obligates the contract surgeon to take station and change station as ordered. He is furnished quarters at the military post where he is stationed, and is expected to give his entire time to the public service. He receives pay as stipulated in the contract, and the travel, fuel, and light allowances of a first lieutenant. Under existing law it is not the policy of the department to make or authorize general contracts except in extraordinary cases, and upon a full exhibition of the necessity thereof. If the exigency requiring the employment of a contract surgeon is likely to be temporary the contract will be made for a term of three months only or less. If its longer continuance is probable the term will usually be one year. In either event it is subject to annulment when the services of the physician are no longer required.

(a) Short-term general contracts may be made with any graduate of a reputable medical school, legally authorized to confer the degree of doctor of medicine, who has qualified to practice medicine in the State or Territory in which he resides. Appropriate evidence that he has so qualified should be required before the contract with him is executed.

(b) Long-term general contracts will be made only with such graduate and qualified practitioners, who are citizens of the United States, after they shall have passed an appropriate examination as to their physical and professional qualifications for the military service. Applications for employment under such contracts will be made to the Surgeon-General, who will furnish blanks for the purpose upon request. They will be considered only as the exigency requiring the appointment of a contract surgeon shall arise. They must in each case be accompanied by testimonials from at least two reputable persons as to the applicant's citizenship, character, and habits, and by a certificate from the proper local official that the applicant has qualified to practice medicine in the State or Territory where he resides. Should the application be favorably considered, the applicant will at the proper time be invited to appear before the examining

board at the place most convenient for him. No allowances will be made for his expenses while undergoing examination. The examinations will be conducted, under instructions from the Surgeon-General, by boards of one or more officers of the Medical Corps convened therefor at military posts or stations. Upon presenting himself to the board the applicant should submit his diploma, and evidence of his citizenship (if of foreign birth), which will be returned to him upon the conclusion of the examination. Having inspected his diploma and the evidence of his citizenship, the board, if the same are found satisfactory, will then make a thorough physical examination of the applicant, which must conform in all respects to that required of candidates for commission in the Medical Corps. If any physical disqualification for the service is found the examination will be discontinued. The board will report the physical examination on Form 138. Should no physical disqualification be found, the board will next proceed with a professional examination of the applicant similar to that prescribed in the case of applicants for appointment in the Medical Reserve Corps (par. 15c). They will make a full report of the examination of each applicant and forward all the papers connected therewith direct to the Surgeon-General. If the examination is satisfactory a contract will in due season be sent the applicant for signature.

47. Special contracts are for local service only, at stations therein designated, as, for example, at arsenals, where the amount of service called for is not usually sufficient to warrant the assignment thereto of a medical officer. No travel under such contracts is required. The physician contracted with is neither expected to take station at the post nor to give up his private practice, except in so far as he has to do so in order to carry out his public duties. He is not furnished quarters or other allowances, and his pay proper constitutes his entire compensation.

(a) Special contracts may be made with any graduate of a reputable medical school, legally authorized to confer the degree of doctor of medicine, who is a citizen of the United States and has qualified to practice medicine in the State or Territory in which he resides. Appropriate evidence that he is a citizen of the United States, and that he has qualified to practice as above, should be required before the contract with him is executed.

NURSE CORPS

48. Extract from the act of February 2, 1901:

SEC. 19. That the Nurse Corps (female) shall consist of one superintendent, to be appointed by the Secretary of War, who shall be a graduate of a hospital training school having a course of instruction of not less than two years, whose term of office may be terminated at his discretion, whose compensation shall be one thousand eight

hundred dollars per annum, and of as many chief nurses, nurses, and reserve nurses as may be needed. Reserve nurses may be assigned to active duty when the emergency of the service demands, but shall receive no compensation except when on such duty: *Provided*, That all nurses in the Nurse Corps shall be appointed or removed by the Surgeon-General, with the approval of the Secretary of War; that they shall be graduates of hospital training schools, and shall have passed a satisfactory professional, moral, mental, and physical examination: *And provided*, That the superintendent and nurses shall receive transportation and necessary expenses when traveling under orders; that the pay and allowances of nurses, and of reserve nurses when on active service, shall be forty dollars per month when on duty in the United States and fifty dollars per month when on duty without the limits of the United States. They shall be entitled to quarters, subsistence, and medical attendance during illness, and they may be granted leaves of absence for thirty days, with pay, for each calendar year; and, when serving as chief nurses, their pay may be increased by authority of the Secretary of War, such increase not to exceed twenty-five dollars per month. Payments to the Nurse Corps shall be made by the Pay Department.

(a) The foregoing was modified by the terms of the act of March 23, 1910 (36 Stats., 249; G. O. 54, 1910) as follows:

The superintendent and members of the Female Nurse Corps shall hereafter be paid at the following rates: Superintendent Nurse Corps, one thousand eight hundred dollars per annum; female nurses, fifty dollars per month for the first period of three years' service; fifty-five dollars per month for the second period of three years' service; sixty dollars per month for the third period of three years' service; and sixty-five dollars per month after nine years' service in said Nurse Corps; and all female nurses shall hereafter be entitled, in addition to the rates of pay as herein provided, to ten dollars per month when serving beyond the limits of the States comprising the Union and the Territories of the United States contiguous thereto (excepting Porto Rico and Hawaii), and to cumulative leave of absence with pay at the rate of thirty days for each calendar year of service in said corps; and when serving as chief nurses their pay may be increased by authority of the Secretary of War, such increase not to exceed thirty dollars per month; and the superintendent shall be entitled to the same allowances, when on duty, as the members of the Nurse Corps.

THE SUPERINTENDENT

49. The superintendent, under the direction of the Surgeon-General, has general supervision of the corps. She will by authorized inspections from time to time and by reference to the prescribed reports and returns keep herself constantly informed of the numbers, distribution, and competency of the individual members of the corps, and of its state and condition as a whole. She will communicate with nurses' training schools, nurses' associations, and similar professional bodies with a view to ascertaining where acceptable nurses for army service may be available; will conduct the necessary correspondence concerning the qualifications of applicants for appointment in the corps; will make the professional examination of those who shall meet the required preliminary conditions; and when vacancies occur will recommend the appointment to the same of eligible applicants. She will prepare the questions for the examination of nurses for promotion to the grade of chief nurse, will rate the

answers received thereto, and will recommend the promotion of those found qualified as their services shall be needed. She will make timely recommendations regarding the assignment, transfer, discipline, and discharge of nurses, and the reduction and discharge of chief nurses. She will endeavor by all suitable means within her power to maintain the usefulness of the corps as a part of the Medical Department of the Army, will propose to the Surgeon-General as occasion requires appropriate measures for the promotion of its morale and efficiency, and will perform such other supervisory duties as the Surgeon-General shall prescribe.

CHIEF NURSES, THEIR SELECTION, REDUCTION, AND DISCHARGE

50. Chief nurses are not appointed as such, but are selected by promotion from the grade of nurse.

(a) When two or more nurses are serving at a hospital or with an establishment or organization of the Medical Department one will be assigned to duty as chief nurse.

51. Permanent assignments to duty as chief nurse are made only by the Surgeon-General, upon the recommendation of the superintendent. A nurse will not be permanently assigned to duty as chief nurse unless she shall have passed a satisfactory examination.

(a) Nurses who exhibit marked executive ability, good judgment and tact will be recommended to the Surgeon-General by the commanding officer of the hospital or establishment or organization of the Medical Department with which they are on duty or to which they are attached, for examination for promotion to the grade of chief nurse.

(b) Any nurse, regardless of the length of her service, may request examination for promotion to the grade of chief nurse. Her request will be forwarded to the Surgeon-General through the commanding officer of the hospital or establishment or organization of the Medical Department, with his recommendations in the premises, and the recommendations of his chief nurse if he has one.

(c) Nurses approved and recommended for promotion under the above provisions, and such others as shall be selected by the superintendent, shall be eligible for examination for permanent assignment to duty as chief nurses.

(d) At such times as he may deem necessary the Surgeon-General will designate a medical officer to conduct the examination of approved candidates. He will in due season transmit lists of questions prepared by the superintendent to the examining officer, who will safeguard them against premature disclosure, will make sure that the candidates receive no unauthorized assistance during the examination, and will upon its conclusion transmit all the examination papers,

including both questions and answers, to the Surgeon-General for his action.

52. A nurse permanently assigned to duty as chief nurse will not ordinarily be relieved therefrom except by direction of the Surgeon-General; but in case of serious misconduct she may be summarily relieved and assigned to duty as nurse pending such further measures of discipline as may be deemed necessary. If for any other reason the services of a permanent chief nurse are no longer required as such the commanding officer of the hospital or establishment or organization of the Medical Department may temporarily relieve her from duty as chief nurse and assign her to duty as nurse; or if she so elects she may be honorably discharged from the corps. All reductions from chief nurse to nurse for whatever cause will be at once reported by information slip to the Surgeon-General, with a full statement of the reasons for the action taken.

53. Pending the permanent assignment of a chief nurse the commanding officer of a hospital or establishment or organization of the Medical Department where two or more nurses are serving may assign one of them temporarily to duty as chief nurse. A nurse so assigned shall be known as "temporary chief nurse" and shall hold such assignment only so long as no properly qualified permanent chief nurse is available. While serving under such assignment she shall be entitled to the same pay and allowances she would receive if she were a permanent chief nurse.

(a) Temporary chief nurses may be relieved from duty as such and assigned to duty as nurses at the discretion of the commanding officer of the hospital or establishment or organization of the Medical Department.

APPOINTMENT OF NURSES

54. Applications for appointment in the Nurse Corps should be made to the superintendent, who will furnish blanks therefor (Form 168) and other blanks needed in connection therewith.

(a) Applications from States and Territories where registration is required by law will be considered in the cases only of graduates of training schools which are acceptable to the State or Territorial boards of registration. In making appointments from among eligible applicants residing in such States and Territories preference will be given to those who are registered.

55. *Physical qualifications.*—The applicant's physical fitness for service will be ascertained by a careful physical examination. The examination will be made when practicable by a medical officer of the Army at his proper station. When, however, this would require the applicant to make an unreasonably long journey the Surgeon-General may authorize her examination by a private physician of

good repute in the vicinity of her residence. The medical examiner will send his report, Form 170, direct to the superintendent, and not give it to the applicant. Its contents will be regarded as confidential.

56. Moral, professional, and mental qualifications.—An applicant shall not be eligible for appointment in the Nurse Corps unless she shall have graduated from a training school for nurses giving a thorough professional education, both theoretical and practical, and requiring a residence of at least two years in an acceptable general hospital of 100 beds or more; except that graduates of training schools connected with hospitals not meeting the above requirements may, upon submitting proof of at least six months' subsequent experience in a large general hospital, be put on the eligible list if found otherwise qualified. To ascertain the applicant's qualifications the superintendent of the Nurse Corps will request a certificate on Form 171 from the superintendent of the school from which the applicant graduated, showing: (1) The date of the applicant's graduation; and (2) her moral character and professional qualifications during her period of training, at the date of her graduation, and (so far as known) at the time of the application. If the applicant was trained under a former superintendent, the latter may also be asked for a certificate. These certificates will be regarded as confidential. Applicants must submit such other evidence of fitness as may be required.

(a) The professional and mental examination of applicants will be in writing and will be conducted by the superintendent. It will ordinarily take the form of requiring from the candidates short essays or papers on practical professional subjects selected by the superintendent. The subjects selected will be furnished to each applicant with her application blanks, and she will submit her essay with her formal application. The essay must be in the handwriting of the applicant. Typewritten papers will not be accepted.

57. Applicants who fulfill the prescribed conditions as to their physical, moral, professional, and mental qualifications will be placed on the eligible list for appointment as their services may be required.

58. No applicant will be appointed in the Nurse Corps unless she shall agree to serve for three years. The following form of letter of appointment will be used:

ARMY NURSE CORPS, WAR DEPARTMENT,
OFFICE OF THE SURGEON-GENERAL,

Washington, ———, 19 — .

With the approval of the Secretary of War, ———, of ———, is hereby appointed in the Army Nurse Corps for three years, unless sooner discharged, to date from ——— 19 —, and will enter upon her duties after taking the oath prescribed by section 1757 of the Revised Statutes of the United States.

—————,
Surgeon-General, United States Army.

59. To be eligible for reappointment for continuous service at the end of any three-year term the nurse must have had a satisfactory record for efficiency and conduct during such term. A nurse desiring reappointment will apply therefor by letter forwarded at least four months before the end of the term to the Surgeon-General through the commanding officer of the hospital or establishment or organization of the Medical Department, who will forward therewith his recommendations in the premises and the recommendations of his chief nurse if he has one. The superintendent of the Nurse Corps will advise the Surgeon-General whether the applicant's record is such as to make her reappointment desirable. Due notice will be given to the applicant and officers concerned of the decision reached or action taken upon the application.

DISCHARGE

60. Nurses will invariably be discharged at the expiration of the three-year term specified in their letters of appointment: *Provided*, That nurses under orders to proceed to their homes to await discharge will not be discharged until they shall have arrived home, or shall have had sufficient time to arrive home by following the usual route of travel with ordinary diligence. The period of three years will be calculated from the date of the letter. Nurses may also by order of the Surgeon-General be discharged during the continuance of the term: (1) Because of their reduction from the grade of chief nurse (see par. 52); (2) because of a reduction of the military establishment or a decrease in the number of sick requiring nursing which makes their further employment unnecessary; (3) because of their own illness disabling them from the performance of their duties (see par. 78a); (4) because of their own misconduct; and (5) in proper cases, on their own application.

(a) Honorable discharges will be given in all cases except to nurses discharged for misconduct.

(b) Discharges will be executed by the commanding officer of the hospital or establishment or organization of the Medical Department with which the nurses are on duty or to which they are attached.

61. Recommendations for the discharge of a nurse on account of misconduct will be submitted to the Surgeon-General, with a report of the facts, after a careful investigation, in which she shall have had a fair opportunity to be heard in her own defense.

62. A nurse desiring discharge before the expiration of three years of continuous service may apply therefor by letter to the Surgeon-General stating her reasons in full. If she is on duty, her application will be forwarded through the commanding officer of the hospital or establishment or organization of the Medical Department to which she is attached; if she is on leave in the Philippine Islands, it will be

forwarded through the chief surgeon of the division; in other cases it will be forwarded direct.

(a) Before giving a nurse an honorable discharge upon such application she will be required to refund to the Government the cost of the transportation and traveling expenses allowed her upon joining for duty under her first order, reduced proportionately to the length of time that she shall have served, prior to the date set for her discharge, toward the term of three years, the amount of such refund to be fixed by the Quartermaster-General, and payment of the same to be made to the nearest quartermaster. The provisions of this section will not apply to nurses who are discharged upon their own election because of their reduction from the grade of chief nurse.

63. When discharged at the expiration of term the following indorsement will be placed upon the nurse's letter of appointment:

_____, 19 .
The nurse within named is honorably discharged from the Army Nurse Corps by reason of the expiration of the term of her appointment.

_____,
United States Army.

(a) In other cases of honorable discharge the following indorsement will be given:

_____, 19 .
With the approval of the Secretary of War, and by order of the Surgeon-General, dated _____, the nurse within named is honorably discharged from the Army Nurse Corps, to take effect _____, 19 .

_____,
United States Army.

(b) When the nurse is discharged for misconduct the word "honorably" in the indorsement of discharge as last above prescribed will be omitted, and the words "for misconduct" will be inserted after the word "Corps."

(c) When the nurse's letter of appointment is not available for the indorsement thereon of her discharge a letter of discharge of equivalent purport will be sent to her.

64. Except as provided in the following paragraph, orders to proceed to her home as designated at the time of her last appointment, there to await discharge, will be given to every nurse desiring the same who is about to be discharged and is not to be reappointed. Timely action should be taken to enable her to reach her home before the beginning of her final leave of absence; unless she shall prefer to take her final leave before reaching her home, in which event her travel orders will be arranged accordingly. In arranging travel orders in such cases it must be borne in mind that the Government will not pay the traveling expenses of a nurse in a status of leave of absence.

(a) When a nurse arrives home for discharge she will at once report by letter to the Surgeon-General.

65. Orders to proceed to her home will not be given to a nurse discharged on her own request before the expiration of three years of continuous service (except to a nurse discharged upon her own election because of reduction from the grade of chief nurse), or to a nurse discharged for misconduct.

(a) A nurse who is discharged for misconduct while serving beyond the continental limits of the United States or in Alaska will be furnished transportation to a home port and allowed the necessary expenses incident to travel thereto.

ASSIGNMENTS AND TRANSFERS

66. Army nurses will be assigned to duty at military hospitals or with establishments or organizations of the Medical Department in the United States or abroad, and on transports, according to the needs of the service.

(a) Usually the nurse's first assignment will be to a station in the United States, to afford her an opportunity to become acquainted with military usages.

(b) The usual tour of duty without the limits of the United States will be two years.

67. When nurses are required for service at a hospital or with an establishment or organization of the Medical Department, the commanding officer thereof will by letter stating the circumstances and necessities of the case, make application through the chief surgeon to the Surgeon-General, or in the case of independent commands direct to the Surgeon-General, for as many as may be needed.

(a) Should there be a surplus of nurses at any hospital or with any establishment or organization of the Medical Department, the commanding officer thereof will in like manner immediately report the fact to the Surgeon-General. In the case of surplus nurses serving beyond the limits of the United States the chief surgeon of the forces with which they are on duty will recommend to the commanding general that they be returned to the United States. Nurses so returned will on arrival at the home port report at once to the chief surgeon of the territorial department within the limits of which the port is situated, who will place them on temporary duty and request instructions as to his further action in the premises from the Surgeon-General.

68. Nurses will not leave their stations except under orders or when granted leaves of absence. When a nurse leaves her station under orders or on leave of absence the commanding officer of the hospital or establishment or organization of the Medical Department with which she has been on duty will indorse on her letter of appointment the day of her departure, the date and source of the authority therefor, the date of her last payment, and the name of the paymaster

by whom she was last paid. The date of her arrival at her new station or of her return to duty will be similarly indorsed on her letter of appointment.

69. Nurses will not be transferred from one division or department to another except by authority of the Surgeon-General, but a chief surgeon may transfer nurses, should the exigencies of the service require it, from one hospital or establishment or organization of the Medical Department to another within his division or department.

PAY

(See par. 48a)

70. The pay of chief nurses at general hospitals, at base hospitals, and on hospital ships will be their pay as nurses plus \$30 a month. The pay of other chief nurses will ordinarily be their pay as nurses plus \$20 a month; but in cases where special skill and capability are required the Surgeon-General in his discretion may increase the additional amount to not more than \$30 a month.

(a) The additional pay provided for chief nurses as above can be allowed to them only when they are actually serving as such. When on leave of absence or en route between stations they can draw only their pay as nurses.

71. Subject to the modifications indicated hereinafter, nurses, including chief nurses, will be paid monthly on pay rolls prepared and certified by the commanding officer of the hospital or establishment or organization of the Medical Department to which they are attached for duty. Blank forms for the purpose will be furnished by the Pay Department. The instructions thereon must be carefully observed.

(a) Discharged nurses will be paid on pay rolls certified by the commanding officer of the hospital or establishment or organization of the Medical Department to which they were attached at the time of discharge.

(b) The pay accounts of nurses ordered home for discharge will be prepared in the office of the Surgeon-General.

(c) All payments to nurses must be noted on their letters of appointment.

QUARTERS

72. When practicable, the allowance of quarters provided by Army Regulations for nurses on duty in hospitals will include 1 dining room, 1 kitchen, 1 sitting room, and the necessary toilet rooms for the common use of all the nurses, and a separate bedroom for each nurse and chief nurse; also at hospitals where more than 5 nurses are stationed, an office and a separate sitting room for the chief nurse.

(a) The Medical Department will supply the necessary furniture and care for the quarters of nurses on duty in hospitals. Sheets, towels, pillowcases, table linen, and other washable articles so supplied will be laundered as a part of the hospital laundry.

SUBSISTENCE

73. The rations of nurses and chief nurses on duty in hospitals are commuted at the rate authorized in the annual appropriations for the support of the Army and paid into the hospital fund conformably to the provisions of Army Regulations, and paragraph 307 of this Manual. The commanding officer of the hospital will provide a proper mess for the members of the Nurse Corps, including service, allowing them their equitable share in all the revenues of the fund.

(a) Nurses and chief nurses on Government transports will be furnished meals free of charge in the saloon mess.

(b) When on duty in a city or town or at a station where subsistence is not furnished by the Government they will receive commutation of rations at the rate of 75 cents a day. When on leave of absence with pay they will receive commutation of rations at the rate of 25 cents a day.

TRANSPORTATION AND TRAVELING ALLOWANCES

74. Nurses traveling under orders are entitled at public expense to their own transportation and to traveling allowances and transportation of baggage as provided in Army Regulations.

75. The Quartermaster's Department will ordinarily furnish the required transportation in kind, or will issue transportation requests upon carriers for the same.

(a) When transportation in kind is not furnished, and transportation requests can not be procured, the nurse may pay her own travel fare (which must not exceed the cost of a first-class limited ticket between her starting point and her destination), and ask for reimbursement in her expense account in accordance with the following section.

(b) When a nurse traveling under orders incurs traveling expenses for which she is entitled to reimbursement she will prepare her account of the same on Form 13*b*, Quartermaster's Department, enclosing therewith an itemized statement of the expenses, in duplicate (showing the date when and the place where each item thereof was incurred), and receipts for the several items charged, or her certificate that it was impracticable to obtain them. She will sign and make oath to the correctness of the voucher before an officer having authority to administer oaths. If the expenses were incurred

en route home for discharge, she will after her arrival home forward the completed voucher to the Surgeon-General for his action; if they were otherwise incurred, she will submit the voucher to the commanding officer of the hospital or establishment or organization of the Medical Department to whom she reports at the end of her journey, who will certify it if he finds it correct and transmit it to the nearest disbursing quartermaster for settlement.

(c) When transportation requests issued by the Quartermaster's Department are not used, or when they are exchanged for railroad tickets and the tickets, or any parts of the same, are not used, the unused transportation requests, tickets, or parts of tickets, must in compliance with Army Regulations be returned to the officer who issued the requests.

76. A nurse on service beyond the continental limits of the United States, or in Alaska, who is ordered to a home station, or to her home for discharge, will usually be provided at the station where she is serving with transportation to a home port. On arrival at such port she will apply to the depot quartermaster at the port or in its immediate vicinity, if there is one, for the further transportation required, exhibiting her travel orders. If there is no depot quartermaster in the vicinity, she will herself procure the necessary further transportation conformably to the provisions of paragraph 75a.

77. Travel to and from points beyond the limits of the United States and between island possessions will be by army transport in all cases where practicable.

MEDICAL CARE AND TREATMENT

78. A nurse is entitled to medical treatment while on duty. This will ordinarily be furnished at the hospital to which she is attached; but in proper cases the Surgeon-General, or the chief surgeon within his department, may order a nurse's transfer to and treatment in some other army hospital. When the treatment required by a nurse on duty can not otherwise be had, the necessary civilian service may be employed as authorized by Army Regulations. Bills contracted by a nurse for medical care while on leave or absent without leave can not be allowed.

(a) A nurse will not be discharged for disability contracted in line of duty until after reasonable time has been allowed for treatment.

LEAVE OF ABSENCE

79. Army nurses are entitled by law to cumulative leaves of absence with pay at the rate of thirty days for each calendar year of service in the corps. Extra leave of absence with pay can not be granted on account of illness.

(a) Leave credits of nurses will accrue to an aggregate amount of two and one-half days for each month of completed service under their letters of appointment. Leave to the amount of the accrued credits may be granted whenever the exigencies of the service permit. Final leave will be granted prior to discharge to the amount of accumulated unused leave credits.

(b) A leave credit accruing but unused under one appointment can not be carried over and become available under a subsequent appointment.

80. A nurse desiring leave of absence will apply therefor in writing through the chief nurse to the commanding officer of the hospital or establishment or organization of the Medical Department to which she is attached, for his action conformably to the preceding paragraph. The original paper granting the leave will be given to the nurse.

81. Nurses on service beyond the continental limits of the United States can not be granted leave "to take effect after arrival in the United States;" but nurses assigned to transport duty may be granted leave after reaching port.

82. Leave of absence without pay and allowances is permitted under the circumstances indicated in Army Regulations; and may be granted in other cases when the conditions of the service are favorable.

UNIFORM

83. The uniform of the Army Nurse Corps will consist of a waist, a belt and a skirt of suitable white material, a bishop collar, and a white cap, made according to specifications prescribed by the Surgeon-General.

(a) No changes in the uniform of the Nurse Corps will be made without the authority of the Surgeon-General.

84. The nurse may procure her uniforms after she reaches her post of duty, where detailed instructions on the subject will be supplied her.

85. The uniform will invariably be worn during the hours of duty. Nurses not in uniform will not be allowed in the wards.

86. Nurses' uniforms soiled while on public duty will be washed as a part of the hospital laundry (see par. 326a).

87. The badge of the corps will be a caduceus of gold or gilt, superimposed in the center by a monogram of the letters "A. N. C." in white enamel. It will be worn on the left side of the collar.

REPORTS AND RETURNS

88. A monthly return of nurses is required from every hospital or establishment or organization of the Medical Department with which

nurses are on duty or to which they are attached. It will be forwarded on Form 63, within five days after the end of the month covered by it, by the commanding officer of the hospital or establishment or organization of the Medical Department, through the chief surgeon to the Surgeon-General, or in the case of independent commands direct to the Surgeon-General unless otherwise ordered by him.

(a) The return will give in alphabetical order the names of all the nurses who have been on duty with or attached to the hospital, establishment, or organization during the month, or any part of it, whether present or absent, and will indicate all the changes in the status of the several nurses which have taken place since the preceding return, with the dates of the changes in each instance.

89. An efficiency report of nurses is required monthly on Form 62 from every hospital or establishment or organization of the Medical Department to which nurses are assigned or attached, and will include all the nurses on duty with or attached to the hospital, establishment, or organization during the month or any part thereof. It will be prepared by the chief nurse, if there is one, otherwise by the commanding officer of the hospital, establishment, or organization, and will be forwarded by the latter within five days after the end of the month through the channels indicated in the preceding paragraph for the monthly return. A special efficiency report will be prepared in like manner for every nurse upon her departure from one station for another, showing where she has gone and the date of her departure, and will be forwarded within five days after the change to the commanding officer of the hospital or establishment or organization of the Medical Department to which she has been transferred. Should two or more nurses make the same change at the same time a single special efficiency report covering them will be sufficient. A duplicate of each report will be retained by the commanding officer of the hospital, establishment, or organization where it was prepared, and will be open to the inspection of only his chief nurse, his executive officer, and higher authority.

(a) The report will indicate in the case of each nurse the character of her work (whether head nurse, nurse, housekeeper, on special detail, etc.), the quality of her work (as good, fair, or poor), her general conduct as a nurse or woman (as e. g., attentive to duty, neglectful, undignified, etc.), and her general health (good, fair, poor).

(b) Nurses will be reported as in four classes, viz: Class 1, those who are well adapted in every respect for army work; class 2, those who are suitable for retention in the Army, though not so thoroughly satisfactory as class 1; class 3, those who are not adapted for army work, and are recommended for discharge when a seasonable opportunity occurs; class 4, those who have been recommended for immediate discharge on account of misconduct (see par. 61).

(c) Under "Remarks" the reasons for any unsatisfactory rating will be fully stated, infractions of discipline will be noted, the nature of special details indicated, and the dates of all absences from duty during the period of the report given. When marked executive ability is exhibited by a nurse it will be mentioned under this head.

(d) In forwarding efficiency reports prepared by a chief nurse the surgeon will indorse thereon whether he concurs in the gradings reported by her; and he will add in his indorsement on the monthly reports his opinion of the efficiency of the chief nurse, specifying in detail the character and quality of the service rendered by her.

(e) A special efficiency report sent to a nurse's new station will be attached to the next monthly efficiency report from such station made after its receipt.

90. All changes in the personnel of the Nurse Corps by discharge, death, etc., all changes in the stations of its members by departure for or assignment to another hospital or establishment or organization of the Medical Department, or by arrival or assignment from another hospital, establishment, or organization, and all changes in their status at the hospital or with the formation (such as from present for duty to present sick; from present sick to duty; from present to leave of absence, specifying its duration; from leave of absence to present), including changes in assignments as chief nurses, supervising night nurses, head nurses, etc., will be reported on the day of the change by the commanding officer of the hospital or establishment or organization of the Medical Department, through the chief surgeon, to the Surgeon-General, or in the case of independent commands direct to the Surgeon-General.

DUTIES OF CHIEF NURSES AND NURSES IN HOSPITALS

91. *Chief nurse.*—The chief nurse will be under the immediate orders of the commanding officer of the hospital. She will have general supervision of the nursing service in all wards in which nurses of the Nurse Corps are on duty, and will be in charge of the nurses' quarters.

(a) She will familiarize herself with the Army Regulations and the Manual for the Medical Department in so far as they relate to the Nurse Corps, and will instruct the nurses under her supervision in such regulations as refer to them, and in the duties peculiar to army work.

(b) She will see that nurses properly perform their duties, and be responsible for the maintenance of discipline among them both in wards and in quarters. She will at once report any neglect of duty or serious breach of discipline to the commanding officer of the hospital.

(c) She will arrange the hours of duty and assignments of all nurses, and will be responsible for the execution of all orders relating thereto.

(d) She will be responsible for the comfort and general well-being of the nurses under her, and will promptly report to the commanding officer of the hospital any matters which improperly affect the same. She will also bring to his attention at once any case of illness among the nurses.

(e) When required by the commanding officer of the hospital she will supervise the instruction in practical nursing of Hospital Corps men on ward duty.

92. Supervising night nurse.—When necessary the chief nurse will assign a nurse to supervise the nursing service of the hospital at night. Ward nurses on night duty will respect the orders of the supervising night nurse accordingly. They will apply to her for instructions if they need them and will inform her at once of all emergencies arising in the wards. The supervising night nurse will on being relieved report to the chief nurse any unusual incidents of the night's work and any derelictions of duty on the part of the night nurses.

93. Head nurse.—The chief nurse will designate one nurse for each ward to act as its responsible nursing head. The head nurse will receive from the ward surgeon all orders relating to the care and treatment of the patients in her ward and will record them for the guidance of both day nurses and night nurses. She will be responsible for the proper nursing of the patients and the proper serving of all food in the ward. She will be responsible to the chief nurse for the conduct and work of the ward nurses and will advise the chief nurse concerning their efficiency. Her hours of duty will be the same as those of other nurses, but ordinarily she will be required to perform night duty only one month in six.

94. Nurses.—The duties of army nurses shall be such as are usually performed by trained nurses in civil hospitals of like general character. So far as practicable, their hours of duty shall not exceed eight a day. They will not be required, except under the stress of emergency, to serve more than one month in three on night duty.

(a) Day nurses will be at all times responsible for the proper service of the ward to the head nurse of the ward.

(b) Night nurses will be responsible during the night to the supervising night nurse, if there is one. If there is no supervising night nurse, they will be directly responsible to their respective head nurses for the night service of the wards. In either event the night nurses on being relieved by the day nurses will make written reports of their work to their respective head nurses.

95. If the hospital is large enough to require it, one or more nurses may be assigned to duty as assistants to the chief nurse, but they shall receive no additional compensation therefor.

RESERVE NURSES

96. A nurse who has served faithfully and satisfactorily for at least six months and received an honorable discharge will, if she should so desire, be placed on the reserve list.

(a) Each reserve nurse must sign an agreement to enter active service whenever she may be needed and to report by letter to the Surgeon-General on the 1st of January and the 1st of July each year. Reserve nurses wear the badge of the army nurses, but are not entitled to pay or allowances except when on active service.

(b) When called into active service they will be subject to all established rules and regulations and will receive the pay and allowances of nurses on the active list.

(c) A nurse will be dropped from the reserve list upon reaching the age of 45 years, or if she ceases for five years to practice her profession, or if she fails to make the semiannual reports prescribed in section *a* above, or if she becomes permanently incapacitated from ill health, or for other good and sufficient reason; but a nurse shall not be dropped from the reserve list without due notice of the cause for such action and an opportunity to reply to any charges which may be made against her.

CIVILIAN EMPLOYEES

(For Hospital Matrons, see par. 325)

97. The employment of male nurses, of female nurses not in the Nurse Corps, of cooks, and of other civilians necessary for the proper care of sick officers and soldiers is authorized in the annual appropriations for the "Medical and Hospital Department," under such regulations fixing their number, qualifications, assignment, pay, and allowances as may be prescribed by the Secretary of War. The pay of civilian employees, such as clerks, messengers, watchmen, packers, laborers, etc., in the administrative offices and supply depots of the Medical Department is provided for in the same appropriations.

(a) Appointees to the service, whether by reinstatement or otherwise, must bear all expenses of proceeding to the station to which first assigned.

HOSPITAL EMPLOYEES

98. The number and assignment of male nurses, cooks, and other civilians employed at military hospitals for the proper care of the sick therein shall be determined by the Surgeon-General (or, under his instructions, in the Philippines Division, by the chief surgeon),

according to the number of such sick and to the amount and character of the service and attendance necessarily required by the disabilities for which the said sick are being treated.

(a) Their qualifications for their respective employments shall be ascertained by practical tests established from time to time by the Surgeon-General.

99. Hospital employees whose pay does not exceed \$60 a month may, under authority obtained from the Surgeon-General, be selected by the medical officer in charge of the hospital; and they may be reduced or discharged by such officer as the interests of the service require. (See par. 339c.)

(a) When the circumstances of the employment make it necessary the furnishing of a ration in addition to pay proper of \$60 a month or less may be agreed upon by the employing officer (to be furnished by the Subsistence Department in conformity with Army Regulations).

100. Hospital employees whose pay exceeds \$60 a month will be appointed by the Surgeon-General, and will be rationed only under special authority from the Secretary of War. They may be reduced or discharged at the discretion of the Surgeon-General as the interests of the service require. (See par. 339c.)

101. Such quarters as may be available will be furnished for the use of those employees whose constant presence at the hospital is necessary or appropriate.

DEPOT AND OFFICE EMPLOYEES

102. Civilians employed in the supply depots and administrative offices of the Medical Department are of two classes: (a) Those whose duties are unskilled manual labor only; and (b) those of higher grade. The former are subject to Labor Regulations promulgated by the President. The latter are classified employees, subject to civil-service rules.

103. The Labor Regulations govern the employment of unskilled laborers in Federal offices in nearly all of the large cities of the United States. Where they are in force they must be strictly observed, whether the laborers are required for temporary or permanent work. To secure the services of laborers under the Labor Regulations application for the certification of eligibles should be made to the local board of labor employment.

104. The number and compensation of unskilled laborers and workmen in the depots and offices of the Medical Department are determined by the Surgeon-General under the direction of the Secretary of War.

(a) No such workman or laborer will be permanently employed by the month without authority from the Surgeon-General, nor at more than \$60 a month without the special authority of the Secretary of

War. They may be reduced or discharged at the discretion of the Surgeon-General as the interests of the service require.

(b) In emergencies requiring prompt action, when the services of enlisted men are not to be had, laborers may be temporarily employed (under Labor Regulations, if applicable), without previous authority, at not more than 25 cents an hour.

(c) The employment of unskilled laborers or workmen in the Philippines Division will be supervised by the chief surgeon of the division under instructions from the Surgeon-General.

105. When the position of an unskilled laborer or workman employed at \$60 a month or less by authority of the Surgeon-General becomes vacant the vacancy may be filled if necessary (under Labor Regulations, when applicable), without new authority, report of the changes to be made promptly to the Surgeon-General.

106. Persons employed as unskilled laborers or workmen will not be assigned to work of the grade performed by classified employees.

107. Civilian employees in the depots and administrative offices of the Medical Department above the grade of unskilled laborer or workman are appointed by the Secretary of War, upon the recommendation of the Surgeon-General, from lists of eligibles furnished by the United States Civil Service Commission, or by reinstatements or transfers by the Secretary of War under civil-service rules. (But see par. 108.) Their number and compensation are fixed by the Secretary, and their promotion, reduction, and removal are determined by him, upon the Surgeon-General's recommendation. Their assignments to and transfers between stations, at home or abroad, are regulated by the Surgeon-General, under the Secretary's direction. (See par. 111.)

108. In case of a vacancy among them by death or otherwise, the officer under whom it occurs will promptly advise the Surgeon-General whether it is necessary to fill the same, and if so will make such recommendation for promotion or original appointment as may be appropriate. Temporary appointments without examination and certification by the Civil Service Commission, pending permanent appointment, promotion, or transfer, are not made by the Secretary to any classified position except when the public emergency so requires, and then only upon the prior authorization of the commission. Appointments so authorized continue only for such period as may be necessary to make appointment through certification of eligibles or by promotion or transfer; and in no case without prior approval of the commission do they extend beyond 30 days from the Secretary's receipt of the certification, or (if the vacancy is to be filled by promotion or transfer) beyond 30 days from the date of the temporary appointment.

(a) When a classified position in the Philippine Islands becomes vacant it may be filled in the regular way, or if specially authorized by the Secretary of War, by appointment from the eligible lists of the Philippine civil-service board.

109. Recommendations for the promotion of a classified employee should originate with the officer or officers under whose supervision and control the employee is serving. No recommendation originating otherwise will be considered. If the employee procures such recommendations to be made by any other person, his so doing will be cause for debarring him from the promotion proposed. A repetition of the offense will be sufficient cause for discharge.

110. Classified employees will be promoted, reduced, or discharged only by the Secretary of War; but the officer under whom they are serving may suspend them from duty and pay for cause. He will in such case inform the suspended employees of the reasons for their suspension, and give them three days in which to personally answer the same in writing. Should the answers be satisfactory he may at once without further action restore the employees to duty and pay. Should no replies have been received at the end of the three days, or should they be unsatisfactory, he will report his action, his reasons therefor, and his recommendations in the premises (together with the written answers received by him, if any) to the Surgeon-General, for the information and action of the Secretary.

111. Clerks transferred to the Philippines will be allowed an increase of \$200 in annual compensation, to take effect on the date of leaving station in the United States. Clerks transferred from the Philippines will be reduced approximately 20 per cent in compensation, provided such reduction does not lower their pay below the rate they were receiving for their former service in the United States (unless their efficiency record calls for a lower compensation). Such reductions will take effect on the date of arrival at the new station. Clerks so transferred forth and back will receive the regulation allowances of transportation and expenses en route between stations. No classified employee will be transferred from the United States to the Philippines, or vice versa, except upon authority of the Secretary of War previously obtained.

REPORTS OF CHANGES OF STATUS

112. Every appointment, promotion, reduction, or discharge of a civilian employee, temporary or permanent, made by an officer of the Medical Department, will be reported promptly to the Surgeon-General, with the name of the person concerned, the date of the change, and citation of the authority therefor. In case of death the date and place of death will be given; in case of death or discharge

the date to which the employee was last paid, and by what officer. A record will be kept in each office of the name and address of the employee's nearest relative, who will be at once notified of the employee's death. (See paragraph 126b.)

113. When a clerk is transferred from one office to another the officers concerned will report to the Surgeon-General the date of his departure from the old station and the date of his arrival at the new. The officer at the old station will by letter inform the officer at the new of the date to which the clerk was last paid.

EFFICIENCY REPORTS OF CLASSIFIED EMPLOYEES

114. Every officer under whom classified employees of the Medical Department are serving will prepare and forward to the Surgeon-General on June 30 and December 31 of each year a report of their efficiency during the preceding six months.

115. In determining the efficiency of each such employee the factors of attendance, ability, adaptability, habits, and application will be considered, and each marked separately on a scale of 100. Ability will be given four times the weight, adaptability twice the weight, and habits twice the weight of either of the other factors, which will each be given a weight of one. The final efficiency figure will be obtained by dividing by 10 the aggregate of the markings under the several heads, and will represent, so far as practicable, the record of each employee as made from day to day during the six months. In connection with ability the character, quality, and quantity of work will be indicated—the character by the letters A (for important or original work requiring administrative capacity or much thought and investigation), B (for less important and partially original work), C (for work of a routine character requiring care and accuracy but no special skill), D (for skilled labor), and E (for messenger and watchman work); the quality by the terms "excellent," "very good," "good," "fair," and "poor;" the quantity by the terms "very large," "large," "average," and "small."

(a) The names in each class or grade will be entered in the order of merit, those with the same efficiency figure being arranged according to length of service in the Medical Department.

116. The following rules will be observed in keeping efficiency records and preparing semiannual reports thereof:

Attendance.—A record will be kept in each office upon which will be noted daily the duration of all absences from official duty on the part of persons whose names are to appear on the semiannual efficiency report. From the time record thus kept the figure of attendance to be used in the preparation of that report will be obtained.

A deduction of two points will be made for every three days' absence on leave without pay or on account of personal sickness

which is accounted for and approved in accordance with the leave regulations: *Provided*, That absence on account of sickness may be disregarded in cases of special merit or where it would be manifestly unjust to include such absence in the calculation of the efficiency figures.

Deduction for absence without leave will be made at the rate of five points for each day, and further deduction will be made in the figure representing habits if required by the nature and degree of the offense. Tardiness will be considered in connection with habits, and if of frequent occurrence will be made the subject of special action as prescribed under that head.

Ability.—Wherever practicable a record will be kept of the amount and character of work performed each day by persons whose efficiency is required to be reported. The record of work for each six months will serve as a basis for determining the relative ability of the persons engaged thereon, proper deduction being made for all errors or deficiencies that may have been reported. The ability figure of those employed upon work that can not be tabulated or stated numerically will be determined by the chief of office upon his own observation and knowledge.

While the amount of work creditably performed is valuable as a guide in estimating ability, too much importance should not attach to this factor except as between persons employed in substantially the same way. Character and quality of work must be regarded as much more important than quantity, and, as these elements can not be ascertained by any automatic process or be stated numerically from day to day, the opinions of officers and supervising clerks, who by constant association and observation acquire intimate knowledge of the personnel of their own office, must be relied upon to a great extent to determine the relative merits of the individuals employed under their direction.

When clerks of a particular class perform satisfactorily work of a grade usually assigned to a higher class great credit should be given therefor. If for lack of ability clerks are employed upon work usually assigned to a lower class, the marking should be correspondingly low, although the work itself may be exceedingly good.

Adaptability.—Under the head of "Adaptability" there should be considered intelligence, aptitude, fitness for the general duties of an office, and demonstrated capacity for the performance of a higher class of work. As in respect of ability, these elements will be weighed and the figure of adaptability determined therefrom by the chief of office, assisted by the recommendations of officers and others in supervising positions.

Habits.—In estimating habits consideration should be given to sobriety, integrity, subordination, cheerful and zealous obedience to

orders and regulations, and promptness and courtesy in all the relations of official business. The rating will be made in the manner prescribed for ability. Insubordination, disregard of regulations, frequent tardiness, drunkenness on duty, or any conduct prejudicial to the good order and discipline of an office should be made the subject of special inquiry and action as directed in regard to absence without leave.

Application.—Under the head of “Application” should be represented the degree of diligence and faithfulness which has been shown in respect of attention to duty, the rating to be made in the manner prescribed for ability.

117. The following special rules respecting the ability and adaptability marks of clerks will also be complied with:

(a) Rate no clerk higher than 95 in either ability or adaptability.

(b) Rate no two clerks at the same ability figure unless they are clearly of equal ability, and in no case rate three or more in the same grade in the same office at the same ability figure, unless they are employed on tabulated work which determines the figure.

(c) Rate no one at a higher figure in adaptability than in ability.

(d) Whenever two are rated at the same figure in ability, distinguish between them by rating one at least one-half (five-tenths) of a point less in adaptability than the other. If no other ground for this difference is apparent let it be based on the length of service in the present grade, the one having the shorter term of such service getting the lesser adaptability.

(e) Assign no clerk a higher figure in either factor than is warranted by his actual efficiency, as compared with that of the other clerks of the same grade in the office during the period of the list and at the end thereof, regardless of any higher figure that may have been assigned to him on any previous lists.

118. Each semiannual efficiency list should show the relative standing actually earned by each employee of the office as compared with fellow employees during the half year covered by it, regardless of his standing on any prior list. It does not follow because an employee's absolute efficiency remains unchanged that he should retain the efficiency ratings previously given him; other employees in the meantime may have shown such increase in efficiency that they are justly entitled to precede him in relative standing. The efficiency figure of any employee, as well as the figures representing the factors composing it, being thus relative only, must necessarily change from time to time, even in the case of an employee whose actual efficiency remains unchanged. Each efficiency list displaces and supersedes the prior list, and should represent the relative values of all the employees thereon for the period covered by the list and at the end of that period, regardless of what their relative values were on previous lists.

Officers will bear these considerations in mind in preparing the efficiency lists in question.

119. All promotions in the classified service shall be made in the order of merit as established by the last semiannual efficiency report, subject to such examination as may hereafter be ordered under civil-service rules: *Provided*, That any person entitled to promotion under the terms of this regulation who shall become markedly inefficient, or be guilty of any serious misconduct after the preparation of the last semiannual efficiency report, shall forfeit the right to promotion, and the same shall accrue to the next eligible person on the list.

120. Those who fail during any six months to attain an efficiency rating of 70 will be regarded as deficient in their respective classes and subject to regrading, and will, in the discretion of the officer under whom they are serving, be reported to the Surgeon-General for reduction. All who, on two consecutive reports, fall below 70 in efficiency will be invariably reported for reduction.

All who, on two consecutive reports, fall below 60 in efficiency or below 50 in either application, habits, or ability, will be reported for discharge.

In the case of those entitled to preference under section 1754, Revised Statutes, the figures 65, 55, and 45 are substituted for 70, 60, and 50, respectively, in the two preceding paragraphs.

121. The semiannual efficiency reports in each office will, if practicable, be placed where access to them can be had by all concerned; but where, by reason of the large number or widely separated locations of those interested, material interference with current work and loss of time would be occasioned by allowing each individual access to the reports, a transcript from the semiannual report will be forwarded to each person whose name is borne thereon as soon as practicable after the completion of the report. This transcript shall show the efficiency rating and lineal number, or relative standing, of the person to whom it is furnished.

122. A copy of each semiannual efficiency report will be forwarded by the Surgeon-General to the Secretary of War as soon as practicable after the expiration of each six months.

LEAVES OF ABSENCE

123. The civilian employees of the Medical Department at large who are regularly and continuously employed may be granted 30 days' annual leave with pay in any calendar year, when to grant such leave will not cause embarrassment or delay in the conduct of the public service. Pay may be allowed in case an employee is absent because his presence would jeopardize the health of his fellow employees, or when an employee is unavoidably absent from duty by reason of personal illness, provided that the period of such absence,

added to all other previous periods of absence with pay during the calendar year, shall not exceed 60 days in that year, and provided that the absence is accounted for to the satisfaction of the proper officer by the personal certificate of the employee and the certificate of the attending physician. Sundays and days declared public holidays by law or Executive order will be charged in all cases of absence except when included in a period of annual leave.

124. Civilian employees in the Hawaiian Islands who have served there as such two years or more, and who desire to continue in the service there, may be granted leave of absence for the purpose of visiting the United States. Its duration will be calculated from the date the employee arrives at San Francisco from the Hawaiian Islands to the date he leaves San Francisco returning to the islands. Such leave will not be granted oftener than once in two years.

125. Similar leaves may be granted once in three years to civilian employees in the Philippines who have served there as such three years or more and who desire to continue in the service there. The duration thereof will be calculated in like manner.

REPORTS OF EMPLOYEES INJURED

126. Whenever an injury is sustained by any employee of the Medical Department due to an accident occurring in the course of his employment, and the injury is of such a nature as to prevent the employee from performing work for one day or longer, the case will be reported by the official superior of such employee not later than the second day after the accident.

(a) Whenever an employee who has been reported disabled by an accident returns to work, a report of his return to work will be made immediately by his official superior.

(b) Cases of death occurring either immediately or within one year after the accident will be reported as soon as possible after knowledge of such death reaches the official superior. See paragraph 112.

(c) The Surgeon-General will on application furnish appropriate forms for these reports (G. O. 68, 1908).

ARTICLE II.—EDUCATION AND TRAINING

127. The educational duties of the Medical Department are of a twofold nature—to the public, and to the military services, regular, volunteer and militia. The connection with public education is maintained through the Library of the Surgeon-General's Office and the Army Medical Museum. The professional training of the military services is carried out chiefly by the regular courses of instruction given medical officers at the Army Medical School in Washington, D. C., and at the Army Service Schools, Fort Leavenworth, by the courses given the Hospital Corps in field hospitals, ambulance companies, and detachments, and by the teaching of hygiene and first aid to the Signal Corps and the line.

·LIBRARY, SURGEON-GENERAL'S OFFICE

128. This has been characterized as "the great, central, medical library of reference of the Nation" (6 Comp. Dec., 740). Under the provisions of the act of March 3, 1901 (31 Stats., 1039), facilities for study and research therein are afforded to scientific investigators, students, and graduates of institutions of learning in the several States and Territories as well as in the District of Columbia; and its material, under suitable rules and regulations, is available for loan to such persons, and to schools, societies, and public libraries in every State of the Union. It consists now of nearly half a million books and pamphlets, all of which are catalogued and arranged for ready use. Every year a volume of the Index Catalogue is prepared, which, as it deals with both subjects and authors, is itself a comprehensive book of reference. The Index Medicus, published monthly by the Carnegie Institute, is based on the new additions to the library and gives a monthly bibliography of medicine and the allied sciences.

129. Books that can be readily replaced will be loaned to medical officers of the Army, who will be held responsible for the safe return of the volumes within two weeks from the day of their receipt. In special cases this time may be extended.

ARMY MEDICAL MUSEUM

130. The museum, like the library, affords facilities for study and research to scientific investigators, students and others under the act of March 3, 1901. Its general purpose is the collection, preservation,

and exhibition of: (1) Material illustrative of military medicine and surgery, and the diseases of armies; (2) material and appliances relating to the hygiene of troops and to public sanitation; (3) material illustrative of the advance of medical and surgical knowledge and its allied sciences, such as chemistry, microscopy, photomicrography, anthropology, and anthropometry; (4) material of interest and value to the history and archæology of the Medical Department of the Army. The collection includes pathological specimens of all kinds which have any scientific interest for the military surgeon, the pathologist and the medical student, particularly such specimens as show the effects of gunshot or other injuries inflicted by the various missiles and weapons used in war, and such as exhibit diseased conditions of the various organs and viscera of the human body incident to service in the field and in the Tropics. It includes also models of the anatomical structure of the human body; of the various surgical instruments in use in this country from the time of the Revolutionary War; of the microscope from its crude primitive form to the most improved present-day instrument; of dental instruments and specimens; of litters, ambulances, dressings, and materials used on the field of battle by the various armies of the world; of hospitals, illustrating their construction and arrangement; and of many other appliances and apparatus not here enumerated. These exhibits are not available for issue or loan, except on great public occasions and under the safeguard of extraordinary guaranties; but they may always be seen in their place in the museum building in the city of Washington.

131. Medical officers and others interested in the progress of medical science are invited to make contributions to the Army Medical Museum. Medical officers who have the opportunity are expected to collect and send interesting medical and surgical specimens, especially those that illustrate tropical diseases and those that show the effects of modern firearms and of the more primitive weapons that are still employed in warfare. Specimens of arms, medicines, medical instruments and appliances, when any of these differ from those used by the white race in the United States, will be acceptable. Specimens of poisonous insects and reptiles are also desired.

(a) Soft tissues, intended for gross specimens, should be placed in a 20 per cent solution of commercial formaldehyde (formalin), the specimen being completely covered by the solution. The fluid on very soft tissue, or large masses of tissue, such as the liver, spleen, etc., should be renewed after the first two or three days. When formalin is not obtainable, commercial alcohol may be used. Bones and joints, after having been roughly cleaned, may be simply wrapped in a cloth wet with the preservative solution, and then again wrapped in oiled paper or silk.

(b) Soft tissues intended for microscopical examination should be cut into small pieces and placed in a 10 per cent solution of formalin or in alcohol.

(c) Since glass and earthenware vessels are liable to be broken in transit, the use of tin vessels for large wet specimens is recommended, the covers to be tightly soldered on. Whatever vessel is used should be packed in sawdust, excelsior packing, stiff paper, or equivalent substitute, in a wooden box.

(d) A tag should be firmly affixed to every specimen. It should have a number or letter, and give the name of the donor, the date and place of collection, and if practicable, a brief description of the specimen itself. In the case of wet specimens put up in alcohol these data should be written in pencil (which is not affected by alcohol) upon a slip of wood. When formalin is used the data should be written on a slip of paper and enclosed in a vial, which should be attached to the specimen. A letter of advice reporting the mark on the specimen, briefly describing it and giving its history, should be sent direct to the curator of the Army Medical Museum. The more complete the history the more acceptable the specimen will be.

(e) Although Army Regulations authorize the transportation of all such contributions through the Quartermaster's Department, nevertheless if the importance of the specimen or its security demands a more prompt delivery, the package may be sent direct by express on a Government bill of lading (forms for which will be furnished by the curator) to the curator of the museum, who will arrange for the payment of the transportation charges. Small dry specimens may be sent by mail, and small wet specimens also, if enclosed in the boxes which have been approved by the Post Office Department.

(f) The receipt of every package will be duly acknowledged, and the specimen credited to the contributor.

ARMY MEDICAL SCHOOL

132. The school shall be known as the Army Medical School, and be located at Washington, D. C. It shall consist of the school board, the students, and such enlisted men as may be assigned to it for duty. Its object is to train the students therein in such subjects as are appropriate to the duties which a medical officer of the Army is called upon to perform.

THE SCHOOL BOARD

133. The commandant, the instructors, and the assistant instructors, who will be detailed by orders of the War Department from among the officers of the Medical Corps, shall constitute the school board. They shall meet at such times as the commandant shall deem

advisable. They shall arrange the program of instruction, shall prescribe textbooks appropriate thereto, the allotment of time to each subject, and the character and scope of the examinations, and shall have final determination of all questions concerning the proficiency of students, subject however in all respects to the express provisions of this Manual and other orders and regulations issued by authority of the Secretary of War.

ADMINISTRATION

134. The general administration of the school is intrusted to the commandant. In the case of the absence of the commandant the senior instructor present shall be acting commandant. The commandant shall apply to the Surgeon-General for such articles as may be required for the school, and shall report annually on or before the 1st of July its progress and needs, including an account of the instruction given and the proficiency of the several students as shown in the final examination.

135. The adjutant shall be chosen by the commandant, subject to the approval of the Surgeon-General, from among the junior instructors. He shall be the recorder and the custodian of the records of the school board, and shall conduct the correspondence of the school and promulgate the orders of the commandant.

136. The property officer shall be accountable for all the property pertaining to the school. He shall be chosen by the commandant, subject to the approval of the Surgeon-General, and may, under the direction of the commandant, make authorized purchases for the school and certify accounts therefor for settlement. In case of loss or damage to any book, periodical, map, or other property belonging to the school, the person responsible for such loss or damage shall make the same good by the payment of the actual cost of the article or the cost of repairs. This amount shall be assessed by the property officer, whose action when approved by the commandant shall be final.

THE STUDENTS

137. The student body shall include the student candidates for appointment in the Medical Corps (see par. 8*b*), and such medical officers of the Army and of the organized militia as may be ordered or authorized to attend the school.

138. *Student candidates.*—All candidates for appointment in the Medical Corps who pass the preliminary examination will be required to attend the school conformably to paragraph 8. See also paragraph 9.

139. *Student officers.*—Medical officers of the Army who are stationed at or near the city of Washington or are on leave may, with the permission of the Surgeon-General, attend the school. Application in such cases will be made through military channels.

140. *Student militia officers.*—Only such medical officers of the militia shall attend the school as shall be designated from time to time by the Secretary of War.

(a) A militia officer in order to be eligible for the course of instruction must not be less than 22 nor more than 35 years of age. He must be of sound health, good moral character, and a citizen of the United States. He must have been a member of the organized militia at least one year, and must have such preliminary educational qualifications as will enable him to participate profitably in the course of instruction.

(b) Militia officers desiring to attend the school must be nominated to the Secretary of War by the governors of their respective States and Territories, or by the commanding general, District of Columbia militia, and the nomination must in each case be accompanied by an affidavit of the nominee, stating his age, citizenship, the medical school from which he received his degree, the date of his graduation, and the length of his service in the organized militia, and by a certificate from the colonel of his regiment or other satisfactory person as to his good moral character.

(c) Militia officers, before their admission to the school, must sign an agreement to attend and pursue the course of study and to be bound by and conform to the rules and discipline imposed by its regulations.

(d) The expense to the Government on account of militia officers attending the school is limited strictly to travel allowances, commutation of quarters, and subsistence. The travel allowances consist of the mileage or transportation allowed by law. Commutation of quarters will be the same as provided by law for officers of the corresponding grade in the Army. Militia officers can not be furnished with quarters in kind. For subsistence each militia officer will be paid one dollar a day while in actual attendance at the school.

(e) Each militia officer must provide himself at his own expense with the proper uniforms of his own State or Territory, and with the required textbooks. The course will require the entire time of the student, so that no outside occupation during the school term will be practicable.

(f) A militia officer found deficient during the course in any subject may be conditioned by the commandant upon the recommendation of the school board, and continued at the school with a view to making good his deficiency at the final examination. Without such recommendation he shall be reported to The Adjutant-General of the Army with a view to the withdrawal of the authority to attend the school. Any officer showing neglect of his studies or a disregard of orders shall upon recommendation of the commandant be deprived of the privilege of further attendance at the school.

(g) When a militia officer graduates from the school the fact of his graduation shall be reported to the governor of his State or Territory, who shall also be notified in regard to the positions in the medical service of the militia for which the officer is specially qualified.

(h) The names of militia graduates shall be entered in the register at the War Department in accordance with section 23 of the act of Congress approved January 21, 1903, as qualified for such duties as the school board may recommend.

SCHOOL TERM AND COURSE OF INSTRUCTION

141. The school term will commence on the 1st of October of each year and continue for a period of eight months.

142. The course of instruction will be both theoretical and practical, and comprise the following subjects:

(1) Duties of medical officers, Medical Department administration, and customs of the service.

(2) Military hygiene.

(3) Clinical microscopy and bacteriology.

(4) Military surgery.

(5) Military and tropical medicine.

(6) Sanitary chemistry.

(7) Hospital Corps drill and field work.

(8) Operative surgery.

(9) Ophthalmology and optometry.

(10) X-ray work.

(11) Equitation.

GRADUATION

143. Ratings for graduation are made by the school board for proficiency in classroom and laboratory during the course of the term and at stated periodical examinations in the professional subjects enumerated above, exclusive of equitation, and for deportment.

(a) A student who is unable to take the final stated examination with his class, owing to sickness or other cause, will be examined as soon as practicable thereafter. For this examination the topics and questions shall be similar to but not identical with those given in the general examination.

144. Students who obtain a general average of 80 per centum and upward in the total rating shall be given certificates of graduation from the school (Form 67).

(a) Students receiving an average of 80 per centum or over shall be rated as "proficient," and those receiving an average of 90 per centum or over shall be rated as "proficient with honor," on the certificates of graduation.

DISCIPLINE

145. Regulations for the interior economy and discipline of the school, not inconsistent with the foregoing, shall be established by the commandant, subject to the approval of the Surgeon-General.

146. During the course of instruction the character, habits, and general deportment of the students shall be closely observed. Should the same appear to be seriously at fault the commandant will bring the matter to the Surgeon-General's attention for appropriate action.

**CORRESPONDENCE SCHOOL FOR MEDICAL OFFICERS—
THE ARMY FIELD SERVICE SCHOOL FOR MEDICAL
OFFICERS**

147. These schools are a part of the Army Service Schools at Fort Leavenworth and are governed by regulations published in general orders.

FIELD HOSPITALS AND AMBULANCE COMPANIES

148. Field hospitals and ambulance companies maintained in time of peace will be utilized so far as practicable in teaching recruits discipline and the duties of a Hospital Corps soldier. The course of study taught recruits while with these organizations should be supplemented by practical instruction at posts and in the field after their assignment to other commands.

149. The personnel of these organizations in time of peace comprises two classes, permanent and temporary.

(a) The permanent personnel of a field hospital will be:

- 1 major.
- 1 captain or lieutenant.
- 3 sergeants first class.
- 6 sergeants and corporals.
- 1 acting cook.
- 26 privates first class and privates.

(b) The permanent personnel of an ambulance company will be:

- 1 captain.
- 1 lieutenant.
- 2 sergeants first class.
- 7 sergeants and corporals.
- 1 acting cook.
- 44 privates first class and privates.

(c) In addition to the permanent personnel, such temporary personnel may be attached to either of these organizations in time of peace for purposes of instruction as the Surgeon-General may deem necessary.

DUTIES OF PERMANENT PERSONNEL

150. The commanding officer of each field hospital and ambulance company maintained in time of peace will distribute its administrative and military duties among his subordinates according to his judgment.

(a) He will also, if his organization is the only one at the post, assign instructors for the prescribed courses from among the commissioned and noncommissioned officers of the permanent personnel of his command.

(b) When two or more such organizations in time of peace take permanent station at the same fixed post the senior medical officer of the said organizations will conduct the course of instruction therein as though they were a single organization, and will assign the instructors from the permanent personnel of both or all the said organizations, as he may deem best. In other respects, however, the several organizations will retain their autonomy as separate and distinct administrative and tactical units, each under the command of its own senior medical officer.

DISCIPLINE AND EQUIPMENT

151. The discipline and interior economy of these organizations will, so far as practicable, conform to those of a company of infantry. The regulations of each organization will define plainly and explicitly the restrictions and rules of conduct to which all its members are required to conform. The routine military and administrative duties of all noncommissioned officers and men will also be explicitly defined.

152. The equipment of these organizations will consist of the usual equipment of companies of the line—bunks, mattresses, pillows, bed linen, barrack bags, lockers, etc.—besides the special equipment authorized for them hereinafter in the supply table.

COURSE OF INSTRUCTION

153. The program of instruction for these organizations, the sequence of the subjects, the manner in which the same shall be taught, the details thereof to be taken up, and the number of hours to be given to each, shall be determined by the commanding officer of the field hospital or ambulance company, or the senior of them when two or more take station at the same post (par. 150*b*), under the supervision and according to the directions of the Surgeon-General.

154. The course of instruction requires a period of four months, with two months additional for advanced instruction in selected cases. The usual routine will consist of three hours' indoor and two hours' outdoor instruction daily, except Saturday and Sunday.

155. The course for privates first class and privates will comprise, in addition to discipline, the following subjects: (1) Duties of a soldier; (2) bearer drill; (3) first aid, and personal and camp hygiene, including the sterilization of water and disinfection; (4) anatomy and physiology; (5) diet cooking; (6) nursing, including bandaging and the use of Medical Department appliances; (7) materia medica and pharmacy; (8) care of animals and equitation; (9) clerical work; (10) field work.

(a) Instruction in materia medica and pharmacy, and in clerical work, will be given only to men showing aptitude therefor.

(b) Selected men who have completed the full course with credit may be given two months' additional instruction in one or more of the following subjects: Pharmacy, clerical work, cooking, and packing and driving.

(c) The course for noncommissioned officers will comprise the following subjects: Sanitary administration, pharmacy, clerical work, minor surgery, mess management and Army Regulations. Privates first class and privates who are candidates for appointment as non-commissioned officers will be required to take this course; and in addition the regular course prescribed for their grades, or any part of it, if deemed necessary by the officer in charge of instruction.

156. Records of class work will be kept for each individual in each subject of the course, preferably upon loose sheets appropriately ruled, or in a blank book adapted to the purpose.

Every member of the class will be marked in each subject on a scale of 10 for each day of his instruction therein. The amount to be credited under each subject each day will be determined by the instructor upon his observation and judgment, except that a zero mark will be given for each day of unauthorized absence from instruction in the subject. Days of authorized absence will not be marked or counted. At the conclusion of the subject the instructor, under the direction of the officer in charge of instruction, will conduct an oral examination therein, which he will mark also on a scale of 10.

The final mark in the subject will be ascertained as follows: Divide the sum of the daily marks obtained in the subject from the beginning of the course by the number of days of instruction in that subject given to the soldier plus the number of days of his unauthorized absence therefrom, carrying the quotient to two places of decimals. Add the quotient to the mark obtained in the final examination. Divide the sum by 2, carrying the new quotient to two places of decimals. Such new quotient is the final mark in the subject.

Monthly standings will be ascertained as follows: Divide the sum of the daily marks in each subject during the month by the number of days that instruction was given to the soldier in that subject during the month plus the number of days of unauthorized absence from

instruction therein during the month, carrying the quotient to two places of decimals. This quotient is the monthly standing in the subject. Add together the monthly standings in the several subjects taught during the month and divide by the number of subjects, carrying the quotient to two places of decimals. The last quotient will indicate the average monthly standing of each man in all subjects taught him during the month.

The relative standings of men pursuing the same courses, as determined by their average monthly standings, will be published monthly to their respective classes.

(a) Any man who, after two months' instruction, shows such mental incapacity and inaptitude as to render his further attendance on this course of instruction useless, will be reported to the Surgeon-General for his action.

(b) Men who fail to obtain a final mark of 7 in any subject may, in the discretion of the officer in charge of instruction, be required to go over the subject again.

157. Privates first class and privates who obtain a final mark of 7 in each subject of the course prescribed for those grades, exclusive of the subjects enumerated in paragraph 155a, will be given certificates of proficiency on Form 60. Men who obtain a mark of 7 in each subject of the course for noncommissioned officers prescribed in paragraph 155c will be given special certificates of proficiency on the same form marked "noncommissioned officers' course."

158. Enlisted men of the permanent personnel who shall have taken the prescribed courses and obtained certificates of proficiency will not ordinarily be required to take the courses again; but should it subsequently appear probable that any such enlisted man, having a certificate of proficiency, is nevertheless not proficient in one or more of the subjects, he may be required to take the course therein once more. If upon the second course the soldier does not show proficiency, his former certificate will be canceled by writing across its face the words: "Canceled for failure to qualify in ——— [naming the subject or subjects] on second course, ——— to ———, 19 . ." This notation will be signed by the officer in charge of instruction. Failure to qualify on such second course will be reported at once to the Surgeon-General with a view to securing the soldier's transfer to post duty, it being the aim of the department to retain in the permanent personnel only such qualified men as will be a constant example of efficiency to the men of the temporary personnel attached for instruction. Should, however, the soldier taking such second course in whole or part be again found proficient a new certificate of proficiency will not be given him; but a notation of the facts will be made in his descriptive list and military record. A third course will be required in no case. Lack of efficiency in practical work after a second course will indicate the necessity of other measures of discipline.

(a) Privates first class and privates of the permanent personnel who shall become candidates for appointment as noncommissioned officers will be required to take the course indicated in paragraph 155c, and if found proficient therein will be given special certificates of proficiency marked "Noncommissioned officers' course, ——— to ——— 19 ."

159. When a man under instruction is transferred to a post or command, an information slip showing whether he is proficient or not and giving the final mark obtained in each subject taught will be forwarded by the officer in charge of instruction direct to the surgeon of the said post or command.

(a) In addition one or the other of the following notations, as the case may be, will be made in his descriptive list: "Proficient; certificate given," or "Not proficient" (adding whether from mental incapacity or incomplete course of instruction), naming the subjects in which the soldier was deficient.

REPORTS, RECORDS, AND RETURNS

160. The reports, records, and returns of these organizations are ordinarily as follows:

Daily—

Morning report.

Sick report.

Delinquency report (to the organization commander).

Report of noncommissioned officers in charge of quarters (to the organization commander).

Daily bill of fare of mess (to the organization commander).

Thrice monthly—

Ration returns.

Monthly—

Pay rolls.

Return of the Hospital Corps (in time of war).

Report of deposits.

Grade averages (to the organization commander).

Changes in special-duty details and classes (to the organization commander).

Schedule of calls.

Requisition for fuel, forage, and straw (to the quartermaster).

Bimonthly—

Muster rolls.

Return of the Hospital Corps (in time of peace).

Quarterly—

Requisition for crockery, etc. (to the quartermaster).

Estimate for clothing and equipage (to the quartermaster).

Semiannually—

Ordnance returns.

Annually—

Returns of medical property.

Occasionally—

Clothing requisitions.

Change of status, Hospital Corps.

Record of summary courts-martial.

Charges and specifications.

Discharges and final statements.

Certificates of disability.

Proficiency certificates (par. 157).

Descriptive lists.

Statement of charges on muster and pay rolls.

Statement of charges for subsistence.

Invoices and receipts.

Records—

Descriptive lists.

Clothing requisitions.

Correspondence book.

Document file.

Company fund book.

Company order file.

Special-qualification book.

Instruction records.

Record of delinquencies.

Duty roster.

HOSPITAL CORPS DETACHMENTS

161. Every Hospital Corps detachment under the command of a medical officer will undergo the instruction hereinafter prescribed, unless excused therefrom by the special direction of the Surgeon-General.

DISCIPLINE AND DUTIES OF THE SOLDIER

162. Instruction in discipline—including character, conduct, military bearing, obedience, and general efficiency—is to be taken up at once when the recruit joins the detachment, and never ceases, being given by commissioned and noncommissioned officers in connection with the soldier's daily round of duties and continued as long as he remains in the service.

163. Instruction in the duties of the soldier will cover the Articles of War, the soldier's handbook, the orders and regulations in regard to saluting, the granting of indulgences, arrest and confinement, the

wearing of uniforms, etc. Besides the few hours of formal teaching provided for in the first regular winter course in garrison every opportunity should be taken at all times to impart information in these various subjects.

BEARER DRILL AND FIELD WORK

164. Instruction in drill and field work will be given throughout the year for one hour a week. All members of the detachment will attend it unless excused by the surgeon for some special reason.

(a) This instruction includes all the subjects in the Drill Regulations for the Hospital Corps, and all the usual employments of field work, especially:

Uses of the first-aid packet.

Uses of other articles in the Hospital Corps and orderly pouches.

First-aid treatment of fractures in all regions of the body.

The methods of transporting wounded in peace and war.

Organization of the ambulance company. Work of the ambulance company during an action. Establishment of first-aid and dressing stations. Collection, care, and transportation of the wounded from the firing line to the field hospital, with the tagging of patients and the treating of them as indicated, using first-aid equipment and extemporized materials.

Use and care of articles of field hospital equipment.

Pitching, striking, and packing field hospitals.

165. Full advantage should be taken of the summer marching and encampment of troops to impart the above instruction.

(a) Occasionally, throughout the year, all available men should be taken out for marches with and without the litter and under all conditions of weather.

CARE OF ANIMALS AND EQUITATION

166. All men of the Hospital Corps, except as provided hereinafter (sec. b), will be instructed in the care of animals and equitation at least one hour each week at every post and in the field where animals are available for the purpose. The instruction will be entirely practical. After the instruction the horse will be thoroughly groomed by the rider.

(a) At posts where there are cavalry troops the Hospital Corps men will be reported to a troop commander on one day each week, as may be determined by the post commander, for the instruction above prescribed, which will be given them as though they were members of the troop. The troop commander will provide the horses. He will also provide the horse equipments if the surgeon is not supplied with them.

(b) Any member of the Hospital Corps who has had one year's service or more in the cavalry, or who has received instruction in equitation for one year as provided above, will be excused from further instruction therein.

WINTER COURSES OF INSTRUCTION IN GARRISON

167. The regular winter courses of instruction in garrison comprise a period of 34 weeks from November 1 to June 30. Acting cooks will be required to attend those in cooking only. All the other men of the detachment will take the prescribed courses, except "qualified" men, men excused by the Surgeon-General from further instruction under the provisions of paragraph 172*b*, and the absolutely necessary attendants in the hospital, such attendants being detailed as far as practicable from the "qualified" men and those excused by the Surgeon-General. Night nurses, when on duty all night as such, will be considered "necessary attendants" within the meaning of this paragraph.

168. The winter courses are as follows:

Course No. 1.—For privates first class and privates. Subjects: Duties of the soldier, hours 8; anatomy and physiology, hours 16; first aid, hours 20; nursing, hours 36; total, hours 80.

Course No. 2.—For selected privates first class and privates. Subjects: Cooking and diet cooking, hours 12; materia medica and pharmacy, hours 24; elementary hygiene, hours 8; clerical work, hours 12; total, hours 56.

Course No. 3.—For noncommissioned officers and privates first class who are candidates for promotion. Subjects: Mess management, no time specified; clerical work, hours 10; minor surgery, hours 10; Army Regulations, hours 10; property responsibility and accountability, hours 10. The instruction in mess management will be entirely practical, members of the class being detailed in rotation in the kitchen and mess.

(a) The following textbooks will be used for study and reference: Mason's Handbook for the Hospital Corps; Drill Regulations for the Hospital Corps; Manual for the Medical Department.

169. Practical performance of the work they are being instructed in should be required of soldiers pursuing the winter courses. While theoretical teaching by lectures, demonstrations and recitations from textbooks has its place, it should be regarded as a secondary one.

170. The sequence of the subjects will be determined by the chief surgeon, who will consider the climatic and other conditions in his department in arranging the year's instruction.

171. Each subject will be finished before taking up another, and upon its conclusion an oral examination therein will be held by the instructor, under the direction of the surgeon.

172. Records of class work in the winter courses will be kept in a blank book adapted to the purpose. Every soldier taking the courses will be marked in each subject thereof daily.

(a) The daily marks, monthly subject standings, monthly average standings, monthly relative standings, and final subject marks will be determined in like manner as in the field hospitals and ambulance companies (par. 156).

(b) Men who obtain a final mark of 7 in any subject will be classed as "qualified" in that subject, and will be excused from further instruction therein. Men who fail to obtain a final mark of 7 will be required to take the course the following year. If they again fail, their names will be reported to the Surgeon-General, who may in his discretion excuse them from subsequent courses.

(c) Men who obtain a final mark of 7 in each subject of one or more of the winter courses will be given certificates of proficiency therein on Form 60a.

173. Men who have previously qualified will be examined at the beginning of the winter courses to ascertain whether they continue qualified. If a soldier is found still proficient on such examination, that fact will be noted in his descriptive list and military record; but a new certificate of proficiency will not be given to him. If, however, he is found deficient in any subject or subjects he will be required to take the ensuing course of garrison instruction therein.

174. The aggregate number of hours of instruction in bearer drill and field work, in care of animals and equitation, and in the regular garrison courses given during the period of a return of the Hospital Corps rendered in time of peace, Form 47, to each soldier carried thereon, will be noted in the appropriate column opposite his name on the return.

INSTRUCTION IN THE FIELD

175. In the field special attention should be given to field work, to include the care of animals, equitation, use of field appliances, camp sanitation, establishment of lines of aid in battle, etc. In the field no limit is to be placed on the amount of time to be devoted to this instruction.

INSTRUCTION IN HYGIENE

176. Hygiene is taught to cadets at West Point conformably to the Regulations for the United States Military Academy; and to commissioned officers of the Army and of the militia at garrison and service schools, as prescribed by general orders issued from time to time for the regulation of military education in the Army.

INSTRUCTION IN FIRST AID

177. The instruction necessary to enable company officers to drill the enlisted men in their companies in the duties of litter bearers and

methods of rendering first aid to the sick and wounded will be given chiefly by practical demonstrations made in their presence. The prescribed drills of the detachment of the Hospital Corps will be utilized for this purpose, especial attention being given to the instruction in first aid. The practical demonstrations, accompanied by full explanations, should include methods of arresting hemorrhage, of applying the dressings contained in the first-aid packet, of immobilizing a fractured limb, of resuscitating those apparently drowned, etc.; and should be supplemented by lectures designed to convey all essential information with reference to the anatomy of bones and blood vessels, the causes and treatment of syncope and of heat exhaustion, the differential diagnosis and treatment of sunstroke, the rationale of the various measures of first aid to the sick and wounded, etc.

ARTICLE III.—SANITATION

178. Supervision of the sanitation of a post or command is one of the most important duties devolving upon the surgeon. The formal sanitary reports (see par. 415) prescribed by Army Regulations are the appropriate and usual vehicle for the communication of his views and recommendations concerning sanitary questions, particularly those which require the action of department commanders or higher authority. But he should not content himself with a perfunctory rendition of these reports. His watchfulness over sanitary conditions should be unremitting; and should he discover any defects therein which are susceptible of correction by local authority he should at once verbally report them to the commanding officer recommending such immediate remedial action as may be feasible.

(a) The conditions of the service are so various that no uniform rules for sanitary inspections and for bettering the sanitation of posts and commands can be framed. The medical officer must adapt his action on sanitary questions to the special necessities of each case, which he should invariably study from a practical standpoint. His first and chief efforts should be bent toward the correction of real sanitary faults, that is, faults which actually have produced or are likely proximately to produce disease, rather than toward the correction of theoretical defects which, though objectionable in principle, are nevertheless inert, have caused no sickness, and show no likelihood of causing any. It will be time enough to take up the theoretical defects after the practical faults are cured. This is especially important in the field, where theoretical perfection is unattainable. So again in recommending or directing corrective measures, the medical officer should take into account not only their suitability to the particular end in view, but also the difficulty of procuring them; and when the remedy which is theoretically the best is too difficult to procure he should choose some other one nearer at hand if it will reasonably answer the purpose.

(b) Sanitary rules to be observed in the selection of camp sites, the establishment of camps, and the care of troops in camp or bivouac are indicated in paragraphs 185 to 190, F. S. R., 1910.

DISINFECTION

179. The purpose of disinfection is to destroy the living germs which are the causes of infection, and thereby to prevent the spread of the diseases due to them. This purpose is accomplished through the agency of disinfectants. The several kinds of disinfectants and the methods of their application are indicated in the following paragraphs.

180. In the practical application of disinfectants there are five essential points which must always be kept in mind: (a) That the proper disinfectant for the particular case is selected; (b) that it is used in proper strength; (c) that it is used in sufficient quantity; (d) that it is brought into actual contact with the infective material; (e) that the contact is maintained for a sufficient length of time and under suitable conditions.

METHODS OF DISINFECTION

181. *Direct sunlight* is one of the most effective disinfectants known. Unfortunately, it is not always available nor entirely under control.

(a) The exposure of rooms, bedding, clothing, and other articles to the direct action of the sun's rays is a valuable supplement to other measures of disinfection.

(b) In the field every opportunity should be taken to expose all bedding and clothing to direct sunlight.

182. *Burning* is an effective agency but an expensive one, and should never be employed in the military service unless the articles to be destroyed are of no value or other methods of disinfection can not be used. Medical officers will be held responsible when they employ this method without sufficient justification.

183. *Boiling* is entirely effective but not always applicable. The articles must be wholly immersed for not less than 10 minutes in water that is actually boiling. The addition of 1 per cent of carbonate of soda prevents the rusting of metallic articles and increases the efficiency of the disinfection.

184. *Steam* is employed for disinfection, either in its free state or under pressure. It does not injure cotton or linen, and though it may damage woolen or silk is less apt to do so than boiling (see par. 192*k*). It injures rubber, felt, leather, and fur, and accordingly is not applicable to articles composed of such material (see par. 192*m*).

(a) *Flowing steam, steam not under pressure*.—This method is effective on a small scale, as in the familiar Arnold sterilizer. Steam so used has, however, little penetrating power. It can be relied on therefore only for disinfecting small, loose articles, or for sterilizing dressings in the operating room. To accomplish valuable results by

this method the exposure must be not less than 30 minutes after the temperature has reached 100° C.

(b) *Steam under pressure*.—This method of applying steam requires a special apparatus. Steam so applied in a suitable apparatus has great penetration and is very effective.

185. Solution of formaldehyde (formalin).—This is a 37½ per cent solution of formaldehyde in water and depends for its effectiveness on the formaldehyde gas in solution. It may be employed in the form of a spray or as a gas set free from the solution by chemical action.

(a) *As a spray*.—The formalin should be sprayed on sheets suspended in the room in such a manner that the solution will remain in small drops on the sheet. Not less than 10 ounces of formalin for each 1,000 cubic feet of air space should be used.

(b) *As a gas*.—Formaldehyde gas has the advantage as a disinfectant that it does not injure fabrics or most colors. It is not effective at temperatures below 60° F. It is not poisonous to the higher forms of animal life. It fails to kill vermin such as rats, mice, roaches, bedbugs, etc. As a surface disinfectant it is applicable to the disinfection of rooms, clothing, and fabrics, but should not be depended upon for bedding, upholstered furniture, or other materials which require deep penetration. The following preparatory steps should be taken: Have all windows and doors (except door of egress) tightly closed. Securely paste strips of paper over keyholes, over cracks, above, beneath, and at sides of windows and doors, and over stove holes or other openings in walls, ceiling, and floor. If the opening is large, paste several thicknesses of paper over it. Carefully stop up the fireplace if there is one. Overlook no opening through which gas can escape.

Spread on chairs or racks all articles in the room that can not be washed. Hang clothing, bed covers, etc., on lines stretched across the room. Open mattresses and set them on edge. Spread out window shades and curtains at full length. If there is a trunk or chest in the room open it and remove and spread out all the contents. Open the pillows so that the gas can reach the feathers. Do not pile articles together.

The only apparatus required is a large open vessel, protected by some nonconductive material to prevent the loss of heat from within. An ordinary galvanized-iron bucket set into a pulp or wooden one will answer every purpose. With the room sealed, as described above, 1 pound of formaldehyde solution, 1 pound of potassium permanganate, and one-half pound of water should be mixed in the container or containers for each 1,000 cubic feet of room space (see footnote, par. 805). The formaldehyde gas is promptly liberated by the vigorous reaction of the formalin and potassium permanganate

and rises from the generator in immense volume. It is consequently necessary that all preparations be made in advance and that the operator leave the room at once on the combination of the two chemicals. The door or window of exit should be promptly sealed and the room left closed for 6 to 12 hours.

Care must be taken not to place too much formaldehyde in a single container, as the reaction is violent and there is great effervescence and bubbling. If the room is too large to be disinfected with one generator, use as many more as are required, and place in each only a reasonable amount. The quantities indicated above as for 1,000 cubic feet of room space may be used safely in a 10 or 12 quart bucket.

186. *Sulphur* is always used in the form of the dioxide gas obtained by burning. It is an efficient surface disinfectant when moisture is present. It is promptly destructive of all forms of animal life, and is therefore a valuable agent for the extermination of rats, flies, mosquitoes, and other vermin.

(a) At least 3 pounds of sulphur should be used for every 1,000 cubic feet of air space. The rolled sulphur, broken in small pieces and saturated with alcohol, is placed in basins or mess pans, not more than 5 pounds in each pan, the pan placed on three or four bricks in a tub of water, and the tub placed on a table. The room is prepared in the same manner as for disinfecting with formaldehyde gas. The sulphur is then ignited, the room tightly closed, and kept closed for 12 to 24 hours. Six hours would be sufficient to destroy mosquitoes and other vermin.

(b) Sulphur dioxide bleaches fabrics of material dyed with vegetable or aniline dyes; it also destroys woolen and cotton goods by rotting the fiber. It injures most metals.

187. *Mercuric chloride* is one of the most powerful of chemical disinfectants, but can not be depended upon in the presence of albuminous matter. It is employed in solution of from 1-500 to 1-2,000, contact of one hour, its effectiveness being increased by the addition of chloride of sodium or chloride of ammonium in the same proportion as the mercury used. Mercuric chloride is decomposed by hard water, which should not, therefore, be employed for its solution.

188. *Cresol* is a valuable disinfectant, but being soluble in water in proportions not greater than 1-60 is usually employed in the form of the liquor cresolis compositus of the supply table. This is used in solutions of $2\frac{1}{2}$ per cent to 5 per cent, contact being maintained from one to two hours.

189. *Lime*.—Quicklime is one of the cheapest of disinfectants. It should be used freely in quantity equal in amount to the material to be disinfected. It can be used to whitewash exposed surfaces;

also to disinfect drains and stagnant pools, and excreta in the sick room, on the surface of the ground, or in sinks, vaults, etc.

Slake a quart of freshly burnt lime (in small pieces) with three-fourths of a quart of water—or, to be exact, 60 parts of water by weight with 100 of lime. A dry product of slaked lime (hydrate of lime) results. Make milk of lime not long before it is to be used by mixing one part of this dry hydrate of lime with eight parts (by weight) of water.

Air-slaked lime is worthless. The dry hydrate may be preserved some time if it is enclosed in an air-tight container. Milk of lime should be freshly prepared, but may be kept a few days if it is closely stoppered.

190. Chlorinated lime.—This should contain not less than 30 per cent of available chlorine. It is an efficient disinfectant in a 4 per cent solution, freshly made, from good chlorinated lime which has not been previously opened and exposed to the air. It is to be used in quantity equal to the bulk of the material to be disinfected, with which it is to be thoroughly mixed and allowed to stand for two hours before disposal.

STANDARD DISINFECTANT SOLUTIONS

191. The following disinfectant solutions are prescribed as standard. For convenience they are numbered 1 to 5, viz:

No. 1.—Formalin solution (5 per cent): Add 50 c. c. of formalin to a liter of water. This solution should be made when required.

No. 2.—Bichloride of mercury solution (1 to 500): Dissolve 2 grams each of mercuric chloride and ammonium chloride in a liter of soft, clean water. This solution should not be kept in metal vessels.

No. 3.—Cresol soap solution (5 per cent): Dissolve 50 c. c. of liquor cresolis compositus in a liter of water.

No. 4.—Milk of lime solution (12 per cent): Prepare as described in paragraph 189.

No. 5.—Chlorinated lime solution (4 per cent): Dissolve 40 grams of good chlorinated lime, which has recently been opened, in a liter of water. This solution should be prepared as required.

PRACTICAL APPLICATION OF DISINFECTANTS

192. The following methods of disinfection are recommended:

(a) *For urine.*—Use equal volumes of the standard solution No. 3, No. 2, No. 4, No. 5, or No. 1. Time of contact, one hour.

(b) *For feces.*—Same as for urine, except that No. 2 solution should not be employed. The feces and solution should be well stirred together.

(c) *For pus and sputum.*—Use equal parts of water and standard solution No. 3 or No. 1. Time of contact, one hour.

(d) *For wash water*.—Add an equal volume of No. 3 or No. 5. Contact, one hour.

(e) *For bath water*.—Add 1 part of No. 5 to 32 parts of water. Contact, half an hour.

(f) *For tableware*.—Boil for five minutes.

(g) *For the person*.—Wash thoroughly with hot water and soap, then follow with solution No. 2 diluted with 3 parts of water, or No. 3 diluted with 4 parts of water. For the sealing after eruptive fevers, anoint the body with 1 per cent carbolized oil.

(h) *For underclothing, bed linen, towels, etc.*—Immerse in No. 3 solution for one hour, or boil for five minutes.

(i) *For mattresses and pillows*.—Use steam under pressure.

(j) *For beds, tables, chairs, floors, etc.*—Wash with equal parts of water and No. 3 or No. 2 solution.

(k) *For blankets, outer clothing, and other wool or silk fabrics*.—These are damaged by boiling and should be subjected to steam under pressure.

(l) *For walls and ceilings*.—(1) When painted, wash with equal parts of water and solution No. 3 or No. 2. (2) When calcimined, spray or wash with equal parts of water and solution No. 3, or wash with solution No. 4. (3) When papered, spray or wash with equal parts of water and solution No. 3, then scrape off the paper and burn it.

(m) *For articles of fur, leather, rubber, hats, etc.*—These articles are injured by steam and must be disinfected with formaldehyde gas, or, in the case of those not injured by wetting, by washing with solution No. 3.

(n) *For rooms or wards*.—While in use for infective cases, the room and its contents must be kept disinfected by the methods prescribed in the above paragraphs; after patients are removed, the room should be disinfected with formaldehyde gas, followed by the various special procedures.

INFECTIVE DISEASES

193. In the following paragraphs a brief account is given of the infective diseases which most commonly affect the soldier, with a description of the special measures of prevention which are to be used in connection with the patient himself. The special measures indicated are to be considered minimum and in no way to exclude any other precautions of individual prophylaxis which are deemed necessary. In addition such general measures for the protection of the community at large should invariably be taken as may be prescribed by law or be appropriate to the character and extent of the infection. (See par. 247.)

194. It is very important that the first case of every infective disease be correctly diagnosed. In the field, in camp, and on the

march it is a safe rule to regard all febrile diseases as infective until they prove otherwise. When the diagnosis is in doubt, the circumstances should be reported to the chief surgeon in order that medical officers possessed of special experience may see the case in consultation.

TYPHOID FEVER

195. In the military service typhoid fever spreads principally through contact. In order to stamp it out the following measures are necessary:

(a) Early detection of all cases, especially those of the mild or ambulant type, and of all typhoid carriers or excretors. Undetermined fevers should be regarded with suspicion, and handled like typhoid until that disease is excluded. Specimens of the blood from suspected cases should be promptly sent to the nearest laboratory for diagnosis.

(b) Isolation of all those affected, including carriers.

(c) Destruction of all typhoid bacilli as soon as they leave the patient.

(d) Vaccination.

196. The patient must be completely isolated, and a separate set of dishes, vessels, thermometers, bedding, and appliances of all kinds used for him, which must be disinfected in every case without delay, and as far as possible before they leave the sick room.

197. The feces, urine, sputum, and sweat are to be disinfected in the prescribed manner. In addition, urotropin should be used internally for the disinfection of the urine.

198. The nurse need not be completely isolated, but he should have nothing to do with other patients, nor with the handling of food or drink used by others. He should thoroughly wash and disinfect his hands every time he touches the patient. When giving tub baths to the patient he should wear a rubber apron and rubber gloves. He should exercise the greatest care not to spill any of the patient's excreta upon the floor or elsewhere; but if by accident such spilling occurs he should at once pour upon the spill a sufficient quantity of solution No. 3 and allow it to stand for two hours before it is wiped up.

199. The room or ward from which the patient has been taken, and everything used by him between the time of the beginning of his illness and the date the diagnosis is established, including latrines, bathtubs, wash basins, towels, clothing, bedding, etc., should be regarded as infected, and at once thoroughly disinfected. Unless the source of infection in his case is clear, possible typhoid carriers should be sought for among the occupants of his squad room or those with whom he has been intimately associated, and specimens of their feces and urine should be sent to the nearest laboratory for investigation.

200. The attendants on the sick, and the rest of the command as far as possible, unless already protected, should be advised to submit to vaccination.

201. In the field, as the dangers of widespread infection of commands are much greater, the most stringent precautions should be taken, and the patients sent at once to post or other permanent hospitals.

202. No patient convalescent from typhoid should be released from isolation until three successive examinations of his stools and urine, collected at 6-day intervals, have shown him to be free from the typhoid bacilli.

DIARRHEAL DISEASES

203. These diseases are spread in practically the same way as typhoid fever and the same principles apply in their management. Infective matter, however, is believed to pass out of the body only in the discharges from the bowels.

204. *Bacillary dysentery*.—With the modifications suggested by the manner in which the bacillus of this disease escapes from the body it should be handled like a case of typhoid fever. Isolation of the patient in a separate room is not so necessary as in typhoid, but it is desirable. Dysentery carriers should be sought for and when found subjected to treatment. All nonimmune contacts should be advised to submit to vaccination.

205. *Amoebic dysentery*.—This form of dysentery is not so acutely infective as the bacillary type, but is to be managed on the same general principles.

206. *Diarrhea*.—Inasmuch as diarrheal disorders are often the first symptoms of dysentery, and the connection between the two is very close, they should always be considered as infective and handled accordingly.

CHOLERA

207. This disease closely resembles typhoid fever in the manner in which it is spread. The cholera bacillus is contained in the vomited matter and in the discharges from the bowels; it is not present in the urine. Making allowances for this difference, cholera is to be handled in the same manner as typhoid fever.

MEASLES

208. This is a very contagious disease. It is spread through the air as well as by contact. It is infective from the first symptoms for a period of about four weeks. It is most infective before the appearance of the rash.

209. The patient and his attendant must be completely isolated. Physicians or other visitors to the room must protect their clothing

by a complete covering of linen or cotton and must disinfect their hands before leaving the room.

(a) Cases with secondary infections should, if possible, be separated from uncomplicated cases.

(b) Convalescents should not be released from isolation in less than four weeks from the commencement of the disease, nor then unless the symptoms shall have disappeared.

210. The infection is contained in the discharges from the eyes, nose, and throat. These discharges must be received on pieces of cloth or paper, which must then be burned or otherwise disinfected. The scales from the skin eruption may be infective. They should be disinfected by the use of carbolized oil.

(a) The utensils used in the sick room must be kept separate from those used elsewhere, and be disinfected before they leave the room.

(b) The room in which the patient is cared for must after the case is over be completely disinfected.

211. The room or ward from which the patient has been taken, and everything used by him between the time of the beginning of his illness and the date the diagnosis is established, should be promptly disinfected.

212. Contacts should be kept under observation for the full period of incubation (about 15 days), and be examined twice daily for the earliest symptoms.

SMALLPOX

213. This disease is spread in the same manner as measles. It is probably contagious to a greater distance through the air than measles. The scales and the contents of the pustules are very infective. The disease is contagious from the earliest symptoms until the completion of the desquamation (a period of about six weeks).

(a) It is to be handled like measles, except that on account of the greater severity of the disease the patient should be isolated in a detached building or tent as far away from other inhabited buildings as practicable.

(b) General vaccination and revaccination are essential. As the degree of protection has a relation to the number of points of vaccination, not less than three places, about an inch apart, and each about a quarter of an inch in diameter, should be scarified. Surgical cleanliness should be employed to prevent pus infection.

SCARLET FEVER

214. This disease is to be handled much like smallpox. It is contagious from the first appearance of the symptoms until the completion of desquamation (about six to eight weeks), or longer

if there are discharges from the nose and throat or sores about those parts.

215. The infective matter is given off by the secretions from the nose, mouth, pharynx, and ears, by desquamating skin, and by the urine. These secretions, the skin, and the urine must therefore be disinfected. The nose and throat must be treated with antiseptic solutions and the desquamating skin with carbolized oil.

216. Convalescent cases and cases with secondary infections should as far as practicable be segregated from others.

CHICKEN-POX

217. Chicken-pox is to be handled on the same principles as small-pox, but the disease being much less serious the same amount of care in isolation is not necessary. The infectiveness continues for about three weeks after the appearance of the first symptoms.

DIPHTHERIA

218. This disease is to be handled on the same general principles as measles. The infection is contained in the discharges from the throat and nose. It continues to be present from the earliest symptoms of the disease until the bacilli disappear from the throat and nose. As the time at which the bacilli may disappear is uncertain, no patient should be released from isolation until their absence has been demonstrated by three successive examinations of cultures from his throat and nose, taken at 48-hour intervals.

219. The throats and noses of the patient and his attendants should be frequently disinfected. The attendants moreover should not be allowed to mix with other people until cultures from their throats and noses fail to show diphtheria bacilli. All who come in contact with the patient are, of course, to be immunized.

MUMPS

220. This disease also is to be handled on the same general principles as measles. The infection is contained principally in the discharges from the throat. Infectiveness continues from the earliest symptoms until about 10 days after the swelling disappears, usually a period of about 3 weeks.

INFLUENZA

221. Influenza resembles measles in the fact that it is very infective, especially in the earlier stages, and that the germ causing it is found chiefly in the secretions of the eyes, nose, and throat. The discharges therefrom must accordingly be disinfected, and isolation of the patient is advisable.

(a) Overcrowding and defective ventilation are strongly contributing causes to the spread of this disease.

TONSILLITIS

222. Tonsillitis, especially the follicular form, is a contagious disease, the infective matter being contained in the discharges from the throat and nose. These discharges should be disinfected. Isolation of the patient is desirable. Overcrowding and defective ventilation are strongly contributing causes of the spread of this disease also.

PNEUMONIA

223. This disease, while not usually very contagious, becomes so at times. The infective germs are contained in the sputum, which should be thoroughly disinfected by the use of standard solution No. 3 or No. 1. Isolation of the patient is advisable. All things which come in contact with his mouth should be disinfected, such as the utensils used in feeding him, thermometers used in taking his temperature, etc. The nurse should avoid having the patient cough or sneeze in his face, and should disinfect his hands after handling the patient.

TUBERCULOSIS

224. The tubercle bacilli by which this highly infective disease is disseminated are contained in all cases in the sputum and feces, and are frequently found in the urine also. It is necessary, therefore, to thoroughly disinfect not only the sputum and feces, but also the urine, and everything which has been contaminated by any of them.

225. Upon the discovery of a case of tuberculosis, whether in barracks or other quarters, the rooms occupied and used by the patient, including toilet rooms, etc., and all of his effects, as well as the effects of his contacts, should at once be thoroughly disinfected.

226. To prevent the spread of this infection its early detection is important, to be followed by the immediate disinfection prescribed in the preceding paragraph, and by the segregation of the patients as far as practicable. Measures for their transfer to Fort Bayard or their discharge from the service, if members of the military establishment, should be promptly taken in compliance with Army Regulations.

MALARIA

227. The only disinfection necessary in malaria is that of the patient's blood by the use of quinine, in sufficient doses, and for a sufficient length of time. This disease is transmitted only by mosquitoes. To prevent its spread they must be carefully excluded by mosquito nets or other screens from access to malaria cases. In order to make sure that this shall be done effectively all malaria patients should be taken into hospital and retained under treatment as long as the malarial parasites continue to be found in their blood. A

general destruction of mosquitoes in the building from which the patient was taken is also advisable.

228. All convalescents should be kept under observation and their blood examined from time to time to detect the earliest stage of relapse.

YELLOW FEVER

229. As this disease can be transmitted only by a mosquito which has bitten the patient during the first three days of the disease, the preventive measures are simple. No disinfection is required; but mosquitoes must be carefully excluded from the patient as in malaria cases, and immediate measures taken to destroy all the mosquitoes in the hospital as well as in the building from which the patient was admitted.

DENGUE

230. Dengue, like yellow fever and malaria, is transmitted by the mosquito, and probably only by the mosquito. The same measures are to be taken as in yellow fever.

VENEREAL DISEASES

231. Syphilis.—To secure continuous observation and proper treatment of every soldier suffering from this disease, a syphilitic register of his case will be prepared on Form 78, and he will be required to report from time to time until cured or discharged.

(a) When infective lesions are present the patients should be kept in hospital, and separate appliances, bedding, towels, etc., used for them; these appliances should be carefully disinfected before they are used by others.

(b) When a soldier having this disease, whether currently on the register of patients, Form 52, or not, is transferred with his command or otherwise to a new station, for duty or treatment, his original syphilitic register will be sent through the chief surgeon to the surgeon of the soldier's new station or command. (See also par. 265.) The original syphilitic register so transferred will be continued at the new station conformably to the instructions printed on the form.

232. Gonorrhea.—Cases of gonorrhea should as a rule be treated in hospital while in the inflammatory stage. They should use separate appliances, towels, bedding, etc., which should be disinfected before being used by others.

233. Chancroid.—This lesion should be treated in hospital at least until the infectiveness of the ulcer has been destroyed.

PLAGUE

234. Plague is an infective and highly contagious disease in which all of the discharges from the body contain the plague bacillus.

Infectiousness continues from the earliest symptoms until the bacilli can no longer be found in the discharges.

235. The room from which the patient was taken and all its contents must be thoroughly disinfected. As the disease is carried by rats, mice, and insects, all such vermin in the quarters should be destroyed.

(a) All contacts must be isolated and kept under observation for the full period of incubation (about six days).

(b) Preventive inoculations should be used for both attendants and contacts.

236. The patient and his attendants should be isolated in a separate building which is thoroughly screened and protected from rats, mice, and insects of all sorts.

(a) As everything around the patient becomes infected it must be disinfected.

(b) The infection is received through the digestive tract, air passages, and through small lesions in the skin. The attendant must, therefore, exercise the greatest care to protect himself in these respects. He should invariably wear shoes, leggins, and gloves, and should frequently disinfect his hands.

237. In case of death, as the body remains infective, it should be buried in quicklime or burned.

CEREBRO-SPINAL MENINGITIS

238. It is believed that the infection with the meningococcus occurs through the naso-pharynx, and that the germ is frequently received from germ carriers who have been in contact with other cases or have themselves had the disease and harbor the coccus in their throats. The cases must, therefore, be considered as contagious and handled accordingly.

239. The patient and his nurses and all things used by them should be completely isolated.

240. Experience having shown that young men are especially susceptible, nurses should be selected from the oldest members of the Hospital Corps available. Their throats and noses should be sprayed frequently with an antiseptic solution.

241. All the discharges of the patient, especially those from the throat and nose, and everything used by the patient and his attendants, should be thoroughly disinfected; also, after the termination of the case, the room in which the patient was treated and everything in it.

242. The attending physician should take the same precautions to avoid carrying the disease to others as he would in a case of measles or other very contagious disease. He should also spray his own throat and nose with an antiseptic solution after each visit.

243. The room from which the case was taken and all its contents should be promptly disinfected.

244. Contacts should be kept under observation for three weeks, as the early discovery and isolation of new cases is of the greatest importance toward arresting the spread of the infection. The noses and throats of contacts should be sprayed with an antiseptic solution twice a day during the period of observation.

REPORTS OF EPIDEMIC DISEASES

245. On the appearance of the first recognized case of typhoid fever, smallpox, measles, diphtheria, cerebro-spinal meningitis, or other epidemic disease at or near a military post or station, the senior medical officer will at once report the same, and the nature and extent of the epidemic, so far as it has developed, to the commanding officer, sending at the same time a duplicate report direct to the chief surgeon and a triplicate direct to the Surgeon-General. Should the outbreak occur in a command en route to a new station, whether by marching, by rail, or by water, the medical officer will make a similar report in triplicate, and will in addition send a quadruplicate direct to the surgeon of the new station.

246. The continuance of the epidemic, its progress and decline, its origin or importation, the methods of treatment employed, the measures taken for its suppression, the number of cases, the number of deaths and recoveries, and such other information in relation thereto as may be important or interesting, will be noted from month to month in the sanitary reports, Form 50.

247. The senior medical officer of a military post will promptly notify the local board of health, if there is one, of all cases of infective disease occurring at the post of which such board would take cognizance were the same to occur in the community subject to their supervision. (See par. 193.)

ANALYSIS OF WATER

248. When for any reason the purity of the water supply of a permanent post or camp in the United States is suspected, specimens of the water may be forwarded for chemical and bacteriological examination, as follows:

(a) From posts and camps east of the Mississippi River to the Curator, Army Medical Museum, Washington, D. C.

(b) From posts and camps west of the Mississippi River to the Surgeon, Fort Leavenworth, Kans., or to the Commanding Officer, General Hospital, San Francisco, Cal., whichever place is the nearer in point of time.

(c) At the time of forwarding the specimens the officer sending them should at once by direct letter advise the officer to whom he

sends them of the following particulars: (1) The date, place, and mode of shipment; (2) the date and place of the collection of the water; (3) the character of the watershed, its topography, and the uses to which the country is put if inhabited; (4) the proximity of houses, barns, privies, or other possible sources of contamination to the place of collection or the source of supply; (5) the proximity of fertilized land to such place or source, and whether the said land is higher or lower than the adjacent land; and (6) such other information as may suggest a possible deleterious influence on the purity of the water. If the water is from a well the letter should report the depth of the well, the strata found in digging or boring it, and the depth of the water in the well.

249. The specimens should, when practicable, be collected by a medical officer. If the water to be examined is delivered through pipes or is pumped from a well or cistern, the local supply pipe and all pump connections should be emptied by allowing the water to run for 15 minutes before taking the samples.

250. *Chemical examinations.*—The quantity of water forwarded for chemical examination should be not less than 2 liters. The receptacles for transporting it should be chemically clean, and all vessels used in its collection should be as clean as it is possible to make them.

(a) Glass-stoppered bottles of suitable size are best adapted for the preservation of a sample of water in its original condition. In pouring the water into bottles it should not come into contact with the hands of the operator or with anything not essential to the operation. Bottles should be filled to within an inch of the stoppers; the stoppers should be carefully rinsed and inserted and secured with a canvas cover tied tightly around the neck of the bottle. Sealing wax, or similar material, should not be used to secure the stoppers. It is impossible in practice to remove such organic matter without minute particles thereof gaining access to the sample, and since water analysis deals with contaminating substances in almost infinitesimal quantities, the results of the examination when such intrusion of foreign material has occurred become misleading if not worthless.

(b) If no proper receptacles are available at the post or camp where the water is suspected, suitable bottles may be obtained upon application to the officer to whom the specimens are to be sent under the provisions of paragraph 248*a* or 248*b*. Bottles so obtained should when filled be repacked in the box in which they came, reversing the cover, which should have the laboratory address thereon. The package should be tagged or labeled to show the place and date of collection.

(c) Water for chemical analysis should be shipped, immediately after its collection, by express. A Medical Department bill of lading

will be made for each such shipment and the carrier's signature taken thereto upon turning over the package for transportation.

Until a special form shall have been provided therefor Form 78, Q. M. D., may be adapted to the purpose by substituting the word "Medical" for the word "Quartermaster's" at the top thereof and at the top of the brief on the back. The consignor should in every case complete his certificate on the face of the bill, specifying therein that the freight charges are to be vouched to the Surgeon-General, Washington, D. C., and should immediately mail the bill to the consignee, who will upon receipt of the articles accomplish the bill and surrender it to the carrier. The consignor should at the time of shipment furnish the carrier with a shipping order (Form 81, Q. M. D.), and mail a memorandum of the bill of lading (Form 79, Q. M. D.) to the Surgeon-General, with information as to the purpose of the shipment unless the same is clearly revealed by entries on the bill.

251. Bacteriological examinations.—Samples of water for bacteriological examination should be collected in bottles furnished for the purpose with mailing cases, upon application to the officer to whom the specimens are to be sent under the provisions of paragraph 248*a* or 248*b*. These bottles are sterilized, and are protected by a piece of heavy sterilized muslin, which also serves to keep the stopper in place during transportation.

(a) To collect the sample the projecting ends of the copper wire should first be untwisted so as to release the stopper. The stopper may then be loosened, but it must not be removed. In taking specimens from a faucet or pump (after emptying the supply pipes and connections conformably to par. 249) a small, gentle stream should be allowed to flow, the stopper taken out, the bottle grasped near the bottom, held in an upright position, and the stream permitted to flow into the bottle until it is filled to the shoulder. The stopper should then be replaced; both it and the cloth should be secured by carrying the wire several times around the neck of the bottle and twisting the ends tight. The stopper must be handled only by the square cloth-covered top. The lip of the bottle must not be brought in contact with the faucet or spout, nor should the neck of the bottle or naked part of the stopper be permitted to come in contact with any object during the manipulation. The projecting flange is designed to protect the plug of the stopper, which it will do if the stopper, after withdrawal, is held by the top in a vertical position. The stopper should not be laid down and the cloth should not be handled by the fingers except in the act of securing the wire about it. When well water is to be examined the bottle should be filled directly from the bucket constantly in use for drawing the water, and from no other vessel.

(b) Each package should be plainly marked to show the source from which the sample is taken and the date of collection.

(c) The case should be marked, "Water for bacteriological examination," and it should be forwarded by mail at the earliest moment.

(d) On account of the labor involved and the possibility of error, bacteriological examinations of water collected in any other than the prescribed receptacles will not be made.

252. Upon completion of an analysis the officer making it will report the results thereof, through the chief surgeon of the department, to the officer who asked for it, and will at the same time furnish a copy of such report direct to the Surgeon-General, with a copy of the letter called for by paragraph 248c.

253. The curator of the Army Medical Museum, the surgeon at Fort Leavenworth, and the commanding officer of the General Hospital at San Francisco will from time to time make requisition on the Surgeon-General for such bottles, receptacles, and other containers as may be necessary for the purpose of these analyses, with a view to issuing the same on application when an examination is desired of the water at the posts for which they make analyses. Empty bottles for chemical specimens should be put up in packing boxes of appropriate size, which should be divided by partitions into compartments, one for each bottle. The bottles should be further protected from breakage by the use of excelsior or other suitable packing materials, the return address should be plainly marked upon the reverse of the box cover, which should be made fast with screws and not nailed, and the bottles so packed should be shipped by express to the applicant, using the forms mentioned in paragraph 250c. Bottles for bacteriological specimens will be sent by mail in their mailing cases. Appropriate reference to the instructions hereinbefore given concerning the manner of securing and transmitting the specimens should be sent with the empty containers.

(a) These officers will apply also at seasonable periods for the necessary laboratory apparatus and supplies or for authority to purchase the same.

ARTICLE IV.—HOSPITALS

254. Except under field conditions, or in the occupation of territory outside the continental limits of the United States, but two classes of army hospitals are maintained: (1) Post hospitals, and (2) general hospitals.

Post hospitals are maintained at garrisoned posts and in the main each receives patients only from the garrison to which it belongs. General hospitals, on the other hand, are comparatively few in number and are designed to supplement the work of post hospitals or to give special treatment not obtainable in the latter. As the name implies, general hospitals receive patients from the Army in general.

The several kinds of hospitals, including hospital ships and trains, authorized for troops in campaign, are enumerated and discussed in the second part of this Manual.

SERVICE OF HOSPITALS AND MEDICAL ATTENDANCE

255. The senior medical officer of a post commands the hospital, its personnel, and patients, subject to the authority of the post commander, to whom his relations are analogous to those of a company commander. His duties are indicated in general terms in Army Regulations.

(a) He will determine what patients are to be admitted to the hospital, will assign them to wards or divisions according to convenience and the nature of their complaints, and will take proper measures for their care and treatment. By his prescription and under his direction convalescent patients may be employed to perform such light police duty in and about the hospital as may not be injurious to their health. He will decide when they are so far recovered as to be able to leave hospital and will return them to duty or to quarters accordingly.

(b) He will be responsible for the care and preparation of the necessary hospital reports, registers, and records, as well as for all medical property which may come into his possession; for the proper expenditure of medicines, hospital stores, and funds; and for the preparation of requisitions, returns, and muster and pay rolls of the hospital. He will require a proper performance of duty by the entire hospital personnel, and will make and enforce proper regulations as to the sanitary, disciplinary, and other requirements of the hospital.

The following rules for the interior administration of hospitals are merely suggestive, with a view of securing uniformity in this regard. The rules decided upon by the surgeon should be posted in all the squad rooms and wards.

GENERAL RULES

1. The senior noncommissioned officer will see that all men of the detachment and all patients in the hospital are always present or accounted for. Under the direction of the surgeon he is ordinarily in immediate charge of the hospital and Hospital Corps. He will require all members of the detachment to perform their duties quietly and treat the sick with gentleness and consideration. He will at once check any loud talking, whistling and singing, the use of obscene or profane language, or noisy demonstrations in or about the hospital.

2. A formal roll call will be held at reveille and at such other hours as may be designated. "Check" will be made at "taps."

All noncommissioned officers and privates of the detachment will be present at all formations and "check" unless specially excused. No ward will be left without proper attendance, and no member of the detachment will at any time leave the hospital bounds except by permission from proper authority, or, in the case of emergency, in the execution of duty.

3. The squad rooms will always be kept clean, neat, and orderly.

4. Immediately after reveille each man will neatly fold his bedding, each article separately, and pile it at the head of his bunk, beneath the pillow. Beds will not be made down before 1 p. m., except in case of sickness or other necessity. All clean underclothing will be neatly folded and placed in the lockers, which will be uniformly packed; all other clothing will be brushed and hung in the closets, or in a specially designated place. Soiled clothing will be kept in the barrack bags. Shoes will be polished and placed on the floor of the closets, or at the foot of the bunks if there be no closets. Civilian clothes will not be kept in squad rooms but in the storeroom, and will not be worn on pass unless special permission is obtained from the surgeon.

5. A card bearing the name of the soldier will be attached to his bunk and his accouterments will be hung, neatly and uniformly arranged, on the foot endiron of his bunk (the Hospital Corps knife and belt will be kept in the locker).

6. All bunks will be overhauled and cleaned each week, and, weather permitting, the bedding and mattresses, together with the other clothing, will be well shaken and hung out to air for at least two hours. Mattress covers will be changed immediately before each monthly inspection, or oftener if necessary. Sheets and pillow cases will be changed at least once each week.

7. All public property in the possession of the men must be kept in good order, and all missing or damaged articles accounted for.

8. The men will pay the utmost attention to personal cleanliness, each will bathe at least once weekly, his hair must be kept short, and his face shaved, or beard neatly trimmed, and his underclothing frequently changed. (See Army Regulations.)

9. Members of the detachment will wear the prescribed uniform at all times when present at the post. While on fatigue they may wear the fatigue dress. While on duty in wards, dispensaries, operating room, messroom, or kitchens they will wear the white uniform if obtainable.

10. All men on duty in the kitchen and messroom will arise at least one hour before reveille; all other members of the detachment (unless specifically excused) will arise at or before first call for reveille.

11. Breakfast will be served 15 minutes after reveille, dinner at 12 m., and supper at 5 p. m. All men will go promptly to the messroom at the appointed time in proper dress.

12. Immediately after breakfast the hospital will be thoroughly policed in every department. It must be ready for inspection at 9 a. m., and always be kept absolutely clean.

13. All lamps in use must be cleaned, filled, and made ready for lighting before the morning inspection. The filling of lamps after dark is prohibited.

14. The senior noncommissioned officer will keep an accurate account of all public property and its place of distribution. Each man in charge of a department of the hospital, as wardmaster, noncommissioned officer in charge of the mess, etc., is responsible for the public property used in his department; he will by frequent inventories assure himself of its presence.

15. A noncommissioned officer or other man, upon his assignment to a department of the hospital, will make himself familiar with the special orders governing it, and all must familiarize themselves with the standing orders of the hospital.

16. When necessary a noncommissioned officer in charge of quarters will be detailed daily by roster from noncommissioned officers on duty with the detachment, and an emergency squad will always be designated.

17. The noncommissioned officer in charge of quarters will go on duty at 9.15 a. m., and will be relieved by his successor at the same time the following day. In case of fire he will give the alarm and proceed as ordered in fire regulations. He will make an inspection of all wards and quarters at 11 p. m., will report all unauthorized absentees to the noncommissioned officer in charge of the detachment at reveille the following morning, and will see that all unauthorized lights are extinguished. Members of the detachment returning between the hours of 11 p. m. and 6 a. m. will report to him. He will be responsible for the efficient performance of the watchman's duties.

18. The noncommissioned officer in charge of quarters will answer night telephone calls and see that the proper medical officer is at once notified.

19. The night watchman, when one is necessary, will go on duty at 9 p. m. daily and remain on duty until relieved about 6 a. m. the following morning. During his tour of duty he will be under the immediate orders of the noncommissioned officer in charge of quarters when one is detailed, or of the senior noncommissioned officer at the hospital. He will patrol the hospital grounds at least once every three hours and will be constantly on the alert for fires, lights, and unauthorized persons in or about the hospital. He will at once report all unusual occurrences and violations of existing orders which come under his observation to the noncommissioned officer indicated.

20. Upon the sounding of an alarm of fire at the hospital all men of the detachment not actually engaged in subduing fire, rescuing patients, property, etc., will instantly assemble in the main hall of the hospital.

WARD RULES

1. The wardmaster is in charge of his ward and the assistants and patients in it. He will be obeyed and respected accordingly. He is responsible for the nursing, care, records, and effects of his patients, the cleanliness and order of his ward, and the public property therein. Wards must be kept in order, thoroughly cleaned and aired daily, and frequently vacated for cleaning and disinfection.

2. No medicines or other medical supplies will be dispensed to any person except on the order of a medical officer, or none being present, and in an emergency, on the order of the senior noncommissioned officer of the Hospital Corps present, who will note the prescription and report the facts. Medicines prescribed for hospital patients will be administered by the wardmaster, and the containers kept in a locked closet.

3. Convalescent patients will arise at reveille and make up their beds before breakfast; they will perform such light duty about the hospital as may be directed.

All patients will retire at 9 p. m., at which hour the ward lights will be extinguished and talking must cease.

All other lights about the hospital except the authorized night lights will be extinguished at "taps."

4. Each patient's hands and face will be washed, ordinarily, before meals. Those unable to perform this service for themselves will be washed and bathed by the nurse on duty. They must always be kept clean in person and clothing.

5. Patients are prohibited from using towels, basins, toilet articles, eating utensils, or articles of clothing pertaining to another patient.

6. Bed linen will be changed on occupied beds at least twice weekly, and oftener if necessary to insure cleanliness. Whenever a bed is to be occupied by a new patient clean linen will be furnished. All bedding and clothing used by infective cases will when changed be at once disinfected. Patients will remove shoes and clothing, other than the ward clothing issued them, before occupying their beds. Any patient leaving his bed, to be away therefrom, will arrange his bedding in the prescribed manner of the ward. The nurse on duty in the wards will inspect the mosquito bars and see that they are properly arranged to exclude insects.

7. Smoking in the wards is prohibited, except when specifically prescribed for bedfast patients by the ward surgeon. In such cases special care must be taken to prevent the bedding from being set on fire. Patients permitted to use tobacco will do so only in those places designated for this purpose by the surgeon, and will be careful to deposit all burnt matches and cigar or cigarette stubs in the receptacles prepared for the same.

8. Visitors will be allowed to see friends in the ward at a specified time, when their presence will in no way disturb other patients; but female visitors will not be permitted in the wards except when cases are serious and then only by special permission of the surgeon.

9. No information regarding the condition or diseases of patients under treatment will be given to anyone except those authorized under the regulations to receive it.

10. Loud noise, boisterous actions, and gambling are forbidden, and no food, intoxicants, or articles of any description, except as prescribed or authorized, will be brought into the wards.

11. Rounds will be made by the ward surgeon at 9 a. m., and at other times if necessary. At these hours all patients will be in or at their beds.

12. When an officer enters the ward "Attention" will be called, whereupon those about the ward and able to do so will arise and stand at "attention," those lying in bed will cease reading or other occupation, and all conversation will stop.

DISTRIBUTION AND RECORD OF PATIENTS

256. Upon their arrival at the hospital the sick and wounded will first be taken to the receiving ward, if there is one, or to the office, where the treatment wards to which they are assigned will be conspicuously designated upon the blank spaces on the back of their respective transfer cards (see pars. 264 to 267.) The patients should be removed at once to the treatment wards designated. In distributing patients as above due regard should be had to the diagnoses noted on their transfer cards (unless the same are manifestly incorrect) care being taken particularly to send infective cases to the proper isolating ward or wards.

(a) If no transfer card comes with the patient his name, rank, and regiment or corps, will be entered at the office or receiving ward on a register card, spaces 1 to 5, and the treatment ward to which he is assigned will be marked on the back thereof, as under the pre-

ceding section. A similar course will be followed in the case of admissions to hospital from command (par. 261*b*).

(*b*) The transfer or register cards so marked will accompany the patients to their wards as the warrant for their admission to the same.

257. Upon reaching the treatment ward the patient will be promptly stripped, bathed, clothed in clean hospital clothing and put to bed, unless his condition indicates otherwise or a specific order forbids.

(*a*) His effects will be taken care of as prescribed hereinafter (par. 273 et seq.).

(*b*) If he was accompanied to ward by a register card conformably to paragraph 256*b*, spaces 11 to 14 thereon will at once be filled out under the ward surgeon's direction; also spaces 6 to 9 so far as the data are at hand. If he was accompanied by a transfer card, then his register card will be started in the ward by filling out spaces 1 to 14 thereon (omitting space 10, and spaces 6 to 9 when the data therefor are not at hand), and marking the ward on the back. The register card so partially filled out will be transmitted to the office with the next ward morning report.

(*c*) The treatment sheet, Form 55, and the other clinical record sheets if required (par. 462 et seq.), will be begun immediately upon the patient's admission.

258. Patients will not be transferred from one ward to another without the authority of the commanding officer of the hospital. The transfer of a case from one ward to another will be reported to the office with the next ward morning report of the ward from which the case is transferred. All that is necessary is to report the patient's name, rank, company, and regiment or corps, and state the fact that he has gone from the one ward to the other, designating them. No special form is provided. A memorandum will suffice; or the patient's name and organization may be entered on a register card and the fact of transfer, as above, noted on its face in red ink. Upon the receipt at the office of the notice of transfer a memorandum thereof will be made on the back of the register card, which will thus always show what ward the patient is in.

259. To facilitate and assure the prompt and proper distribution of patients, each ward surgeon will every morning immediately after his morning round of the ward forward to the office a morning report of the ward on Form 72, which will be accompanied by the register cards of all patients newly admitted to the hospital, by the transfer cards of all who were admitted by transfer from other hospitals, by all change of diagnosis cards, by the clinical records of all cases completed in the ward or which depart from ward otherwise than by transfer to another ward, and by the notices of cases transferred to

other wards, since the preceding report. The ward morning reports being of no permanent value may be destroyed after they have served their purpose.

260. Upon the receipt of the register cards in the office their register numbers will be noted upon them (see also par. 421c) and they will then be filed in the current file pending completion. As the cases are completed the cards also will be completed from the data furnished on the clinical records, and the cards so completed will, as soon as the corresponding report cards are made out, be transferred to the permanent file in compliance with paragraph 421a.

SICK CALL, ITS PURPOSE

261. Sick call is not a suitable time for the careful examination and treatment of the sick. Its purpose is to determine as expeditiously as possible the number of men unfit for duty, so that the morning report of sick may be promptly sent to the commanding officer.

(a) The surgeon will make such memoranda at sick call as he may deem necessary for his further action in preparing his morning report of sick.

(b) Register cards will also be started thereupon at once for all cases to go on the register under paragraph 417. The cards of patients admitted to hospital will accompany them to the wards conformably to paragraph 256b. Other cards will be filed at once in the current file in the hospital office pending completion.

CHANGE OF DIAGNOSIS CARDS.

262. When the diagnosis of a case under treatment in ward is changed, or complications or sequelæ develop, report thereof should be made to the office upon a register card, marking it in red ink "Change of diagnosis," and forwarding it with the next ward morning report.

(a) When the diagnosis of a case under treatment in quarters is changed, or complications or sequelæ develop, a report thereof upon a card similarly marked should be forwarded to the office by the attending physician within 24 hours.

263. The change of diagnosis card should be signed or initialed by the ward surgeon or the attending physician, and be filed with the register card of the case to which it relates as the voucher for the correction of the register card conformably to paragraph 425.

TRANSFER OF PATIENTS

264. Patients may be transferred, under proper military authority, from one hospital or medical control to another, for observation or to obtain better treatment or hospital accommodations, as, e. g., from

a passing command to a post, from a regimental infirmary to a field or other hospital, from a field hospital to an evacuation or a base hospital, from post to post, or from any hospital to a general hospital. Movements of wounded on the battlefield from first-aid (regimental) stations, dressing stations, and stations for slightly wounded, to hospitals at the rear, will not be regarded as transfers within the meaning of this paragraph, and cases of such wounded will be taken up as original admissions from the battlefield at the hospitals where they are first admitted (see pars. 434 and 439f).

265. In every case of transfer the surgeon of the hospital or command from which the patient goes will make out a transfer card on Form 52; it should be headed "Transfer card," be a duplicate of the patient's register card, including the information thereon in space 18 (except that it should also contain such details of the case as will probably be of value to the receiving officer), and be signed by the transferring officer. The transfer card of a patient sent to a general hospital for observation and treatment should, in time of peace, and when practicable in time of war, be accompanied by a copy of the clinical record of his case.

(a) When more space is required to perfect entries on the transfer card, an extension slip should be used in the manner pointed out in paragraph 423a.

266. The transfer card will in ordinary transfers be sent to the surgeon of the receiving hospital or command; but in transfers to the Government Hospital for the Insane it will be sent to the Surgeon-General, with a copy attached of the certificate which accompanied the soldier.

(a) If the patient is to be unattended en route the transfer card may be transmitted in his care, or by mail, at the discretion of the transferring officer. If the patient is to be under the charge en route of an officer or soldier the card will be transmitted through the officer or soldier so in charge.

(b) When many patients are transferred at one time under the charge of an officer or soldier en route, the transfer cards will be verified personally by such officer or soldier, or when the number transferred is too great for personal verification, by his subordinates or assistants. Should the military conditions be such that it is impossible for the transferring officer to furnish transfer cards, the officer or soldier in charge of the patients en route will cause the cards to be prepared, giving in each case the patient's name, rank, and command, the name of the hospital from which transferred, and the date of transfer. Should he be unable to accomplish this he will list the names of those who seem to be in danger of death, so as to be able, if death occurs, to report it. Should any of the cases be lost en route by death, capture, etc., he will without delay report the cases so

lost, giving the date and nature of the loss, to the chief surgeon, or if the movement of the sick and wounded is under the immediate direction of the Surgeon-General, direct to him, forwarding with such report the transfer cards of the patients so lost. In the cases of sick and wounded necessarily left at a hospital other than the one designated to receive them their transfer cards will be left with the commanding officer of such hospital, and a similar report of the patients so disposed of will be made at once.

267. The surgeon of the receiving hospital or command will note on the back of the transfer card the fact and date of the arrival of the patient at his station and forward the card with his next report of sick and wounded. If the patient requires further care on arrival, he will be continued under treatment in hospital or quarters; if he does not, he will be returned to duty, or otherwise properly disposed of. Whether the patient is continued under treatment or disposed of, the surgeon of the receiving hospital or command will make a register card, Form 52, of the case (see par. 417), noting thereon such of the information conveyed by the transfer card as is pertinent.

(a) Should the patient named on a transfer card transmitted by mail not arrive at the receiving hospital within a reasonable time, the surgeon thereof will note on the back of the card the fact that the patient did not arrive, and forward the card with his next report of sick and wounded.

DEATHS

268. Whenever the death of an officer, enlisted man, or civilian employee occurs at a military post or station, or with a command in the field, the senior medical officer present will immediately report in writing to the commanding officer of such military post or station or command in the field the name of the deceased, with rank and organization if he was an officer or enlisted man, or the department and capacity in which he was employed if he was a civilian employee, the date, time, place, and cause of death, and the present location of the body. (G. O. 67, 1910.)

269. The death of a medical officer, dental surgeon, acting dental surgeon, contract surgeon, or sergeant first class, Hospital Corps, will be immediately reported by the attending surgeon or nearest medical officer direct to the chief surgeon. A duplicate of the report will be sent direct to the Surgeon-General.

OFFICERS SICK IN QUARTERS

270. Officers sick in quarters will, if able to do so, report at least once each day to the surgeon at the hospital for examination and treatment. If unable to leave their quarters the surgeon will visit them there at least once each day.

HERNIA

271. Cases of hernia suitable for operation should receive surgical treatment. If the case is considered unsuitable for operation, or the soldier declines operation, and his disability is so great as to disqualify him for the performance of his military duties, his discharge on certificate of disability should be recommended, noting thereon that the case is unsuitable for operation or that the soldier declines operation as the case may be. Discharge need not, however, be recommended in the case of an old soldier of meritorious record if a proper truss enables him to perform his military duties.

REFUSAL OF SURGICAL TREATMENT

272. An enlisted man who refuses to submit to a surgical operation that the attending surgeon certifies is without appreciable risk to the life of the soldier and is necessary for the removal of a disability that prevents the full performance of any and all military duties that properly can be required of the soldier will, for such refusal, be brought to trial by general court-martial under charges preferred under the sixty-second article of war; but if in any such case the attending surgeon is in doubt as to whether the proposed operation involves appreciable risk to life the soldier will not be brought to trial, but will be discharged on certificate of disability.

EFFECTS OF PATIENTS

273. Due care must be observed in safeguarding the money, valuables, clothing, and other effects of patients admitted to hospital. Ordinarily the wardmaster will receive all such effects and list them on the patient's property card, Form 75, in the presence of the patient, or of another enlisted man in case the patient is unconscious or insane. This list, with the effects, will then be delivered to the surgeon, who will sign it, or have it signed by a subordinate medical officer charged by him with that duty, and will cause a duplicate to be delivered to the patient. The original list will be filed in the hospital safe or other secure place. Enlisted men are forbidden to receive money or valuables from patients under any other circumstances or for any other purpose whatever.

274. The soiled clothing of patients will be washed, before it is put away, as a part of the hospital laundry. (See par. 326a.) When there is reason to suspect that the clothing is infected, such measures of disinfection as may be necessary to protect the command will be taken, and accounts for the expenses incident thereto will be forwarded on Form 5 for settlement, with an explanation of the circumstances. When cleansed and disinfected, the clothing will be properly folded, tagged, and put away in a secure place, pending the disposition of the patient.

275. The money and other valuables of the patient will be enclosed in an envelope or other covering, marked with the patient's name, and placed in the hospital safe, if there is one, otherwise in the most secure place available.

276. When the patient goes to duty, is furloughed, or is discharged from the service the surgeon will restore his effects and take his receipt therefor.

277. When the patient is transferred from a hospital his effects will, if he is able to take care of them, be restored to him, and his receipt therefor taken. When he is unable to take care of them, they will be entrusted to the ranking officer or soldier in whose charge the patient is put. A list of the effects will be furnished to such ranking officer or soldier, who will give his receipt therefor to the transferring officer. On arrival at destination said custodian of the effects in transit will turn them over, with the list, to the commanding officer of the receiving hospital, and take his receipt therefor.

278. In the event of the death or desertion of enlisted or commissioned patients or of military prisoners in hospital, their effects will be disposed of in accordance with the provisions of Army Regulations.

279. The effects of deceased civilian patients, if claimed within a reasonable time, will be delivered to their legal representatives. If not claimed within a reasonable time, they will be sold by the hospital council and the proceeds taken up and accounted for with the hospital fund. Should claim thereafter be made within three years for the proceeds, the same may on the authority of the Surgeon-General be paid over to the legal representatives of the deceased. A similar procedure will be followed in the case of effects abandoned by civilian patients upon their departure from the hospital. Watches, trinkets, personal papers, and keepsakes of civilians will not be disposed of as long as there is a fair prospect of finding their rightful owners.

PUBLIC PROPERTY IN THE POSSESSION OF PATIENTS

280. Public property brought into the hospital by the patient will also be listed on his property card, Form 75, and upon the duplicate furnished him. If his disability is so slight as to require treatment for a few days only, the property will be kept intact, tagged, and restored to him upon his return to duty, taking his receipt therefor; otherwise it will, if practicable, be turned over at once to his commanding officer, whose receipt should be obtained. If such transfer is not practicable, the following action will be had: (1) The medical officer will take up on his return the medical property in the soldier's possession and forward his receipt therefor to the accountable officer; (2) if the medical officer is accountable for quartermaster or ordnance property, he will take up on his quartermaster or ordnance papers all property belonging to those departments brought in by the

patient; otherwise he will transfer such property to the nearest representatives of those departments, whose receipts therefor should be obtained; (3) the patient's commanding officer will be immediately notified by mail of the action taken under (1) and (2).

281. Hospital clothing will be worn by patients only during their stay in hospital. Each article will be marked as hospital property. When very sick soldiers are transferred from one hospital to another, the hospital clothing necessary for their comfort may be sent with them, properly invoiced, and accompanied by a check list, giving the names of the men in whose possession it is. Under the provisions of this paragraph, crutches and similar articles may, if necessary, be similarly transferred with the patient from one post or hospital to another. See paragraph 509 et seq.

282. Upon the discharge from service of men permanently disabled, they may retain the surgical appliances then in their use which are necessary for their comfort and safety, and the accountable officer will drop the same from his next return of medical property, submitting a certificate explaining the circumstances as a voucher for so doing.

DESTRUCTION OF INFECTED PROPERTY

283. Infected clothing and other articles which can be immersed in boiling water, or otherwise disinfected, without material injury, should be disinfected and not burned. Articles destroyed to prevent contagion must be accounted for by the affidavit of the officer responsible, setting forth fully the circumstances necessitating such destruction. See paragraph 515.

MESS MANAGEMENT

284. The food supplies for the hospital personnel and patients consist of rations issued by the Subsistence Department, of articles purchased with or derived from the hospital fund (see pars. 307 to 322), and of products of the hospital garden.

285. When, under the conditions usually prevailing at any post, camp, or station, or with any command, the commutation of the rations of the sick in hospital and the members of the Nurse Corps on duty therein would not be sufficient for the purchase of suitable food, the surgeon should make application, through the Surgeon-General (or in the Philippines Division through the chief surgeon of the division), for the issue of the rations in kind.

286. Delicacies for the sick may be made from any hospital stores on hand (pars. 805, 849, and 880) if the regular food supplies procured as above are not suitable for making them; but the expenditure of hospital stores for this purpose when the regular supplies are sufficient is not authorized; nor will their use for well soldiers or personnel be allowed under any circumstances.

287. The provisions of Army Regulations relating to company messes will be applied as far as they are adaptable to hospital messes.

288. The commanding officer of the hospital will maintain constant watchfulness over the messes. He should regard himself as trustee for the men and nurses to whom, collectively, the rations and hospital fund belong, and should exercise every precaution to prevent speculation and abuses at their cost. On account of the large amount of cash transactions incident to the conduct of hospital messes, and the opportunities afforded by them for irregular and dishonest practices, he should take the most painstaking care when detailing enlisted men to mess management to choose only those of known probity and good habits. For the same reason he should see that the creditors with whom the mess deals are of good repute and as few as possible, and require their bills to be settled promptly at the end of every month. In large hospitals he may put the messes under the supervision of a junior officer; but even in that case he should by frequent inspections see that waste or wrongful diversion of supplies or funds is not permitted, and that the messes are so managed that neither patients nor personnel shall have just grounds of complaint of the character or quantity of their food.

289. Each ward surgeon will, every morning, immediately after the first round of his ward, fill out a diet card, Form 73, covering the diet requirements of his patients for the ensuing 24 hours. Bills of fare for regular, light, and liquid diets should be made out and posted in the wards and kitchens. Additional articles not included in these diets are to be ordered for special cases only. Reference may be had to the standard Handbook for the Hospital Corps for information respecting the kinds of diet suitable for different classes of patients.

(a) The diet cards from the wards will be assembled promptly at the hospital office, where the necessary card or cards will be made out covering the meals of the hospital personnel. All the cards will thereupon be turned over to the noncommissioned officer in charge of the mess in season for his action toward the preparation of the day's dinner. Additional cards for newly admitted patients or newly arrived personnel will be made out promptly when necessary and sent to the noncommissioned officer in charge of the mess without delay. The diet cards may be destroyed after they have served their purpose; usually they will have no value beyond the day of their date and the following day.

290. Each hospital mess will be placed under the immediate charge of a competent noncommissioned officer.

(a) It will be his duty to receive and care for all articles of food for the mess, and he will be held responsible for their proper disposition. He should be provided with suitable apparatus for preserving perishable foods and a suitable storeroom for the balance,

and should secure them by proper locks. He will issue daily from the stores to the kitchen the articles required by the diet cards and will see that the food is cooked as indicated thereon. He will keep such record of his receipts and issues as the surgeon may prescribe according to the needs of the particular hospital, no special form therefor being provided. (See Mess Account, Form 74.) Except as indicated in paragraph 291, he will be responsible for the condition and cleanliness of the kitchen and cooking utensils, and the kitchen force will respect his orders accordingly. He will be responsible also for the cleanliness and discipline of the messroom, the service of the meals therein, and the distribution of foods to wardmasters for patients unable to leave the wards; and for the cleanliness of the napery and table utensils used in serving the food and the removal and recleansing of the same after use. He will see that table clothing and utensils used for patients suffering from infective disease are properly disinfected before being returned to the storerooms for further use. He will be provided with a sufficient number of assistants to assure the prompt and efficient performance of these duties.

291. When two or more messes are served from a common kitchen the senior of the noncommissioned officers in charge of the several messes served therefrom will have charge of the kitchen and be responsible for its discipline and efficiency.

292. A mess account on Form 74 will be kept by the noncommissioned officer in charge. It should be filed at the end of every month with the retained hospital fund papers for that month. Inordinate gains in the plus column would indicate undue economy in the diet, while, on the other hand, continual losses in the minus column would signify mismanagement of the hospital fund or improper care of the food supplies. The commanding officer of the hospital should inspect this record at frequent intervals, with a view to keeping constantly informed in this respect.

(a) When there is more than one mess a consolidated mess account on the same form for the entire hospital should be kept in the office, the noncommissioned officers in charge of the several messes being required to report daily the data therefor.

293. For methods of preparing food for both sick and well, reference should be had to the authorized Handbook for the Hospital Corps and the Manual for Army Cooks.

294. When the number of sick requiring special diet is large, the commanding officer of the hospital may establish one or more diet kitchens for the preparation of their food, under the immediate direction of such skilled dietists as are available. Competent dietists belonging to the Nurse Corps may be assigned to this duty. Rules for the management of diet kitchens will be prescribed by the commanding officer of the hospital according to the particular needs of each case.

PRESCRIPTIONS

295. All prescriptions will be given in the metric system. They will be placed on file at the hospital, those for liquors and those for medicines furnished civilians in separate files, respectively. They will be subject to inspection by inspectors and post commanders at all times.

SALES AND ISSUES OF MEDICINES TO CIVILIANS

296. Civilian employees of the Army stationed at military posts may purchase medical supplies when prescribed by a medical officer.

(a) Medicine charges for employees not in hospital will be as follows: In ordinary cases, 25 cents for each prescription; in the case of rare and expensive medicines, hospital stores, dressings, appliances, etc., at such increased rate, to be determined by the surgeon, as will reimburse the United States their cost.

(b) Medicine charges for civilian employees in hospital are fixed at 25 cents a day in Army Regulations.

297. The responsible officer will at the end of each month without delay deposit the amounts collected in the nearest United States depository to the credit of the Treasurer of the United States, under the special fund "Replacing medical supplies" for the proper two-year period (see par. 520), which he should indicate, as well as the source from which the moneys arise, as e. g., "sales of medicines to civilians during July, 1906," and notify the Surgeon-General at once of his action. He will render to the Surgeon-General within 10 days after the end of the month an account of sales, Form 15, accompanied by a detailed exhibit showing: (1) The name of each employee so purchasing; (2) the name of the officer prescribing the supplies; (3) the number of ordinary prescriptions at 25 cents each; (4) the character and quantity, briefly, of other prescriptions, of hospital stores, of dressings, of appliances, with the special charge for each (or, in the case of employees in hospital, instead of the data called for under 2, 3, and 4, the exhibit will show the fact of treatment in hospital, giving the number of days of such treatment from date to date); and (5) the total of the charges, being the amount collected. If he is a medical disbursing officer he will also take up on his account current the amounts so received and deposited, as prescribed in paragraph 519a, in that case forwarding therewith the account, Form 15, and its exhibit.

298. At isolated posts where issues to civilians become necessary to save life or prevent extreme suffering, medical officers will make such issues, and at the end of each month will report the circumstances to the Surgeon-General, or in the Philippines Division to the chief surgeon. Unless the patient is destitute charges will be made and the proceeds disposed of and accounted for as in the case of employees.

FAMILIES OF OFFICERS AND MEN, DEFINITION

299. For purposes of medical attendance under Army Regulations, the family of an officer or enlisted man will be understood to include his wife, minor children, and other dependent members of his household, including servants.

EMPLOYEES OF POST EXCHANGES

300. Civilians employed in post exchanges are entitled to the same medical and hospital attendance and the same privilege of purchasing medicines allowed employees paid from public funds.

PRIVATE PRACTICE OF MEDICAL OFFICERS

301. If citizens residing in the neighborhood of a military post desire the professional attendance of an army medical officer, it is regarded as not inconsistent with the requirements of the regulations governing the Army for such officer to render his services, when this does not interfere with the proper performance of his official duties. But the establishment of an office outside of the limits of a military post for the purpose of engaging in civil practice is prohibited.

CIVILIAN PHYSICIANS PRACTICING ON MILITARY RESERVATIONS

302. A civilian physician desiring to practice medicine on a military reservation must register his name with the post commander and must agree, in writing, to observe the rules and regulations relative to the protection of the command against infective or epidemic diseases that may be in force at that time or that may be promulgated thereafter. Whenever a civilian physician in his practice on a military reservation discovers a case of infective or epidemic disease, he must make prompt report thereof to the post commander, who will take the proper steps for the protection of both civilian and military residents on the reservation.

HOSPITAL BUILDINGS

303. When an allotment of funds for the repair of a hospital or quarters of a sergeant first class has been made, the surgeon will be notified of the action by letter from the Surgeon-General, the receipt of which will be acknowledged by return mail. Estimates and other papers referring to a hospital must be prepared separately from those for quarters of a sergeant first class. On the last day of each month, until the work is completed and so reported, the surgeon will advise the Surgeon-General, by information slip, of the progress effected, or, if none, the cause of the delay so far as he can ascertain it.

304. The painting of new hospital floors is prohibited. They may be finished in oil and paraffin, or oil, wax, turpentine, etc., to which

coloring matter may be added if deemed necessary. Floors of verandas and porches should be protected by paint.

305. In every post hospital a room should be set aside as an operating room. Special attention should be given at all times to the cleanliness of this room, including its walls, floors, and the necessary furniture. In the absence of the regulation operating table, a stout table of suitable size and plain finish, that can be scrubbed, should be in readiness. In this room, or a convenient adjoining room, should be placed all the instruments and dressings, antiseptics, anesthetics, and other appliances that may be needed in an emergency.

306. The chemical and bacteriological sets furnished should be conveniently arranged in a suitable room set apart for their use.

HOSPITAL FUND

307. The hospital fund is derived:

(1) From commutation of rations of patients and members of the Nurse Corps.

(2) From savings on rations of the Hospital Corps.

(3) From dividends from post bakery.

(4) From dividends from post exchange.

(5) From dividends from post garden.

(6) From money received for the subsistence of officers and civilians treated in hospital.

(7) From sales of property purchased with hospital fund (par. 319), or products pertaining to the hospital fund (vegetables from hospital garden, etc.), when authorized by the chief surgeon.

308. In addition to the post exchange dividends due the hospital detachment, the exchange council, with the approval of the commanding officer, shall determine the amount, if any, to be turned over to the surgeon for the sick in hospital. (See Circ. 54, 1907.)

309. The hospital fund is regarded as a company fund, and is applicable generally to similar purposes, in the interest of enlisted men of the Hospital Corps, and of the sick under treatment and members of the Nurse Corps on duty in military hospitals.

310. The officer commanding the hospital or establishment or organization of the Medical Department will ordinarily be the custodian of the hospital fund; but when specially authorized by the Surgeon-General he may turn it over to a commissioned assistant.

311. The custodian will be held to a personal accountability for the loss of any portion of the hospital fund not deposited and locked in the cash box of the hospital safe or deposited in a bank.

312. Knowledge of the combination of the lock of the hospital safe will be guarded with the utmost care. Any change in the combination will be immediately reported by confidential letter direct to the Surgeon-General, or in the Philippines Division direct to the

chief surgeon of the division, identifying the safe by its make and number.

313. The officer commanding the hospital or establishment or organization of the Medical Department will see that due economy in expending the fund is observed, and that expenditures are not made for unauthorized purposes. If there is doubt in any case as to whether an expenditure is authorized he will submit the question to the chief surgeon for decision.

(a) Receipts will be taken for all payments.

314. Gratuities to hospital cooks and assistant cooks, not exceeding 20 cents a day, may be authorized by chief surgeons when the amount of the hospital fund on hand justifies such expenditure, but such gratuities shall not be paid to acting cooks, Hospital Corps.

(a) A gratuity of not exceeding \$10 a month may be paid from the hospital fund to the hospital gardener, when authorized by the chief surgeon.

(b) Vouchers for gratuities will cite upon their face the date and source of the authority for paying them.

315. The purchase from the hospital fund of liquors (wines, beer, etc.), except for the use of the sick in hospital, is prohibited.

316. Chief surgeons may grant authority for the purchase of articles, including cows and articles of durable property, required for the use of the enlisted men of the Hospital Corps, and of the sick under treatment and members of the Nurse Corps on duty in military hospitals, when satisfied that they are proper charges against the hospital fund.

317. Necessary transfers of the hospital fund from one post to another in the department may be authorized by the chief surgeon, but transfers of funds from one department to another will be made by order of the Surgeon-General only.

318. The hospital fund will be audited by the hospital council promptly at the end of every month, and when the custodian is relieved from its custody.

319. Articles of durable property purchased with the hospital fund will be securely kept for the benefit of the sick, the enlisted men of the Hospital Corps and the members of the Nurse Corps, by the officer charged with the custody of the fund. When the same become worn out or unfit for use they may be dropped, destroyed, or sold by authority of the chief surgeon or of the Surgeon-General. Applications for authority to drop, destroy, or sell durable articles should recite their exact condition and the length of time they have been in use. The proceeds of sales of such property revert to the hospital fund.

320. Within five days after its audit the custodian will forward a statement of the fund and return of durable property on Form 49 to

the chief surgeon, or in the case of an independent post, to the Surgeon-General, accompanied by the prescribed vouchers. Should there be neither hospital fund nor durable property on hand an information slip reporting the fact will be forwarded in lieu of the formal statement and return.

(a) The chief surgeon will take such action on the statement and return as he may deem appropriate, and will in due season forward it with his approval or comment to the Surgeon-General. If the chief surgeon approves it, he will return the vouchers to the hospital for file. If he does not approve, he will forward all the papers to the Surgeon-General.

321. Invoices and receipts for hospital fund or hospital fund property transferred will not be required; but upon the complete transfer of fund and property from one custodian to another the new custodian will acknowledge the receipt thereof by entry over his signature across the face of the old custodian's final statement and return.

322. A duplicate of each statement and return will be filed with the retained records of the hospital or formation.

ICE FOR HOSPITALS

323. The chief use of ice in hospitals is as an article of food or for the preservation of food. For such use it should be obtained from the ice plant of the Quartermaster's Department, if one is near, conformably to General Orders No. 117 of 1904; from the Subsistence Department when authorized as an issue under Army Regulations; or from the hospital fund.

324. Ice required for medical administration proper, such as for ice baths of the sick, for medical photographic work, etc., should be procured from the Quartermaster's Department ice machine, if one is near, under the orders cited in paragraph 323, or be obtained by purchase at the cost of the medical and hospital appropriation. Routine purchases of ice for medical purposes will not be made without the previous authority of the Surgeon-General, or, in the Philippines Division, of the chief surgeon. Accounts for emergency purchases will invariably be accompanied by a separate statement of their necessity. Accounts for ice for medical work will be stated on Form 5, will show upon their face specifically what the ice was for (as e. g., for use in the treatment of sick in hospital, for use in developing photographic negatives for identification work, etc.), and will be forwarded through medical channels to the Surgeon-General, or, in the Philippines Division, to the chief surgeon, for settlement, accompanied by one invoice, Form 12, of articles purchased.

HOSPITAL MATRONS AND HOSPITAL LAUNDRY WORK**HOSPITAL MATRONS**

325. Authority for the employment of hospital matrons is given by section 1239, Revised Statutes. Their compensation of \$10 a month and a ration in kind or by commutation is established by sections 1277 and 1295.

326. It is the duty of the hospital matron to mend and keep in repair the table, hand, and operating linen, the bedding and the hospital clothing belonging to the Medical Department, including the linen of the dentist's office, and to do the hospital laundry, or so much thereof as possible up to a minimum of 500 pieces a month, from time to time, as the same may be required by the surgeon.

(a) The hospital laundry comprises: First, the linen, clothing, and bedding belonging to the Medical Department, as above enumerated; second, the washable clothing of patients admitted to hospital, which requires cleansing before it can be put away (par. 274); third, the white coats and trousers of the enlisted attendants in the wards, dispensaries, post-mortem rooms, operating rooms, messrooms, and kitchens of the hospital; and, fourth, the uniforms (par. 83) of the Nurse Corps soiled while on public duty.

(b) Soiled blankets, spreads, and other heavy pieces should not be allowed to accumulate, but should be washed a few at a time as they become soiled, so as to equalize the matron's work.

(c) The compensation of the matron being fixed by law, no extra compensation for performing any of the duties incident to her employment can be allowed, nor can other persons be employed at the expense of the United States to do her work or any part of it.

(d) Matrons are forbidden to farm out their work to other persons.

(e) Matrons are not entitled to leaves of absence or to pay and rations while absent or while unable to perform their duty.

(f) Matrons who are unable or unwilling to meet these requirements should be discharged.

327. When the number of pieces to be laundered is more than the matron can do (having in mind the minimum of 500 pieces a month above required) the excess may be put out under the provisions of paragraphs 328 to 336. When it would be an economy and advantage to put the entire laundry out instead of the excess only, the facts should be reported to the chief surgeon for his information with a view to obtaining the necessary instructions and authority for further action. For the purpose of this report the matron's total compensation, including pay and allowances, is regarded as equivalent to \$18 a month, of which \$3 may be taken as for the mending, and the balance, \$15, for the laundering. Adding the latter to the average monthly bills for excess laundry will give the average total cost when the excess only is put out, which is to be compared with the estimated average cost if the entire laundry were put out.

LAUNDRY WORK NOT DONE BY MATRONS

328. The excess laundry at hospitals where there are matrons and the entire laundry at other hospitals (except those with laundry plants or otherwise provided for under special instructions from the Surgeon-General) may be put out to private laundries, laundrymen, and laundresses. When competition is not had the responsible officer will ascertain the lowest prices current in the vicinity for good hand or machine work and govern his action accordingly.

329. Individual laundrymen and laundresses may be employed under this authority without advertising for proposals, provided they do the work in person, the same being regarded as personal services within the meaning of section 3709, Revised Statutes. The vouchers will bear a notation showing that the work was done by the creditor in person.

330. Laundry work by steam laundries, or corporations, firms, or individuals who do a general laundry business, the actual work being done by employees of such laundries, corporations, etc., may be engaged in open market as follows:

First. When proposals have been invited and none have been received, or when the proposals are above the market rate, or are otherwise unreasonable. The vouchers will note "In open market at the lowest market rate," with a brief statement of the facts showing that bids have been invited and none received, or that bids were too high, etc., as the case may be.

Second. When it is impracticable to secure competition, as, for example, when there is but one laundry within accessible distance of the post or station. The vouchers should note "In open market at the lowest market rate, it being impracticable to secure competition," with a brief statement of the facts upon which the notation is based.

Third. When there is a public exigency which requires the immediate performance of the work. The vouchers will bear the notation "Under emergency, in open market, and at the lowest market rate, time not allowing notice to invite proposals." An emergency can not rightfully be held to continue for a longer period than may be necessary to enter into a contract for the continuing service required. Work hired, however, between the time of inviting proposals and the final approval of a contract thereunder may properly be vouchered over this notation. The emergency having been met, steps should be taken to obtain proposals and let contracts for future service in compliance with the general rule below (par. 331).

Fourth. When the monthly laundry is so small, amounting to but a few dollars, that no competitive bids could reasonably be expected. In this case the vouchers should note "In open market, at the lowest

market rate, in the manner common among business men, by oral orders from time to time during the month as required."

331. When, however, the number of pieces to be put out is large and reasonably constant, the work should be advertised, taking all proper steps to obtain competition thereon, and contract should be awarded for the same to the lowest responsible bidder. Blanks for the purpose will be furnished by the Surgeon-General on application. The regulations respecting the time and mode of advertising, the opening and abstracting of bids, and the forwarding of papers will be observed as in the purchase of supplies. Bids will ordinarily be invited by the dozen or the hundred without regard to the different classes of goods to be laundered. If bidders will not submit bids in this form, separate bids on each kind of article may be invited, and awards made under special instructions from the Surgeon-General, or in the Philippines Division from the chief surgeon of the division.

(a) When a more satisfactory monthly arrangement may be effected without advertising, and the amount involved does not exceed \$500 for any one month, the requirements of this paragraph may be waived by the Surgeon-General, or in the Philippines Division by the chief surgeon of the division.

332. Contracts entered into on awards in these cases will as a rule be made for a fixed period of time, as, e. g., for the six months ending December 31, or the six months ending June 30, of any fiscal year. If deemed advisable, contracts for a less or a greater period may be entered into, but in no case should a single contract cover service in different fiscal years. The contracts will be executed in triplicate. Contracts at posts within a military department will be made subject to the approval of the chief surgeon thereof, and at independent posts and stations in the Philippines Division subject to the approval of the chief surgeon of the division. They will be promptly forwarded, together with the abstracts of proposals and accompanying papers, and the bonds, when bonds are required, to the chief surgeon upon whose approval they are conditioned, who, before approval, will see that they are correct and regular in every respect. One of the approved numbers will be given to the contractor and the other two will be sent promptly to the Surgeon-General (one for file in his office and the other for transmittal to the Auditor for the War Department) accompanied by both numbers of the bond, when bond is required, and, separately, the abstract of proposals with its exhibits. The Surgeon-General will submit to the Secretary of War any serious errors or defects discovered. Contracts at other independent posts and stations will be made subject to the approval of the Surgeon-General, to whom all numbers of the contract, the bonds when bonds are required, and the abstract, with accompanying papers, will be forwarded. No work will be let under the contract until the approval

upon which it is conditioned has been given. Vouchers will bear the notation, "Under contract dated _____."

333. In addition to the three original numbers of the contract executed as above, two copies will be made, one for the contracting officer, the other for the Returns Office of the Department of the Interior. The latter, prepared in strict conformity with sections 3744 and 3746, Revised Statutes, will be transmitted direct.

334. Bonds for the faithful performance of contracts for laundry work will not be required except when specially directed by the Surgeon-General, or in the Philippines Division by the chief surgeon of the division.

335. Vouchers for laundry work hired under the preceding paragraphs will be prepared on Form 5 and forwarded through the chief surgeon, or if from independent posts direct to the Surgeon-General, except in the Philippines Division, where they will be subject to the approval of the chief surgeon of the division. They will show: First, the period during which the work was done, from first to last dates; second, the hospital for which it was done; third, in general terms, the classes of articles laundered, such as hospital linen, patients' clothing, nurses' uniforms, white suits of enlisted attendants, each or all as the case may be; fourth, the number of each class in gross, if a flat price by number, regardless of the several kinds of pieces, is to be paid, or in detail, under each class, if separate prices are to be paid for the several kinds of pieces; fifth, the price or prices by the piece, dozen, or hundred, and the total charge.

(a) When flat prices are to be paid, regardless of the several kinds of pieces, the following form of statement is required, for example:

For hospital laundry at Fort McPherson, Ga., during the month of January, 1909,
to wit:

417 pieces hospital linen (property of the Medical Department), at 2 cents.....	\$8.34
7 pieces patients' clothing (their own property), at 2 cents.....	.14
22 pieces white suits of enlisted attendants (their own property), at 2 cents.....	.44
19 pieces nurses' uniforms (their own property), at 2 cents.....	.38
Amount claimed.....	9.30

(b) But when different prices are to be paid for the various pieces the following form will be necessary:

For hospital laundry at Fort McPherson, Ga., during the month of January, 1909,
to wit:

Hospital linen (property of the Medical Department)—	
10 blankets, at 20 cents.....	\$2.00-
6 mosquito bars, at 5 cents.....	.30
200 roller towels and sheets, at 2 cents.....	4.00
200 hand towels, at $\frac{1}{2}$ cent.....	1.00
Nurses' uniforms (their own property)—	
8 caps, at 5 cents.....	.40
10 collars, at 2 cents.....	.20

Patients' clothing (their own property)—	
2 undershirts, at 7 cents.....	\$0.14
2 drawers, at 5 cents.....	.10
White suits of enlisted attendants (their own property)—	
10 trousers, at 7 cents.....	.70
8 coats, at 12 cents.....	.96
Amount claimed.....	9.80

(c) The officer will certify that "No articles are charged for in the foregoing account except such as are constituted a part of the hospital laundry by paragraph 326a, M. M. D."

336. Vouchers for laundry at a hospital where there is no matron will bear upon their face the notation "No matron at post."

(a) Vouchers for excess laundry at a hospital where there is a matron will be accompanied by a statement showing the matron's name, the kind and number of pieces laundered by her and put to hire, respectively, during the period covered, and by a certificate that she was unable to do any of the laundry put out. These will be separate from the vouchers, which should contain no reference thereto.

GENERAL HOSPITALS

337. Special rules for the interior economy and management of ordinary general hospitals will be published from time to time under separate cover.

ARMY AND NAVY GENERAL HOSPITAL, HOT SPRINGS, ARK.

338. This hospital, under the law establishing it (act June 30, 1882, 22 Stats., 121), is—"subject to such rules, regulations, and restrictions as shall be provided by the President of the United States." The regulations made by the President, promulgated from time to time in general orders, are indicated in the following paragraphs under this heading.

ORGANIZATION AND ADMINISTRATION

339. The organization of the hospital shall consist of one medical officer of the Army, who shall command it, and such other medical officers of the Army and Navy as may be necessary, to be detailed by the Secretary of War or the Secretary of the Navy, respectively; one officer of the Quartermaster's Department or of the line of the Army as an acting assistant quartermaster, who shall also be an acting commissary of subsistence, if required, detailed by the Secretary of War; such noncommissioned officers and men of the Hospital Corps as may be authorized by the Secretary of War; and such civil employees as may be necessary for the proper service of the hospital. (Executive order of Aug. 25, 1892, G O. 60, 1892.)

(a) The duties of the medical officers and of the detachment of the Hospital Corps shall be those prescribed by the regulations and general orders affecting the Army. (Ibid.)

(b) The duties of the officer acting as a quartermaster shall be such as pertain to the Quartermaster's Department as prescribed by the regulations and orders of the Army, as well as such duties as may be ordered in connection with this particular service. (Ibid.)

(c) The civil employees shall be appointed by the commanding officer, having in view their fitness for the service required. They shall be governed by such rules as may be promulgated for the service of the hospital, and they may be discharged by the appointing officer for unfitness or when their services become unnecessary. (Ibid.)

DISEASES

340. This hospital is devoted to the treatment of such diseases as the waters of Hot Springs have an established reputation in benefiting. (Executive order of Aug. 25, 1892, *supra*; also incorporated in Army Regulations.)

(a) Relief may reasonably be expected at the Hot Springs in the following conditions: In the various forms of gout and rheumatism, after the acute or inflammatory stage; neuralgia, especially when depending upon gout, rheumatism, or metallic or malarial poisoning; paralysis not of organic origin; the earlier stages of locomotor ataxia; chronic Bright's disease (the early stages only); functional diseases of the liver; chronic skin diseases, especially the squamous varieties; and chronic conditions due to malarial infection.

(b) Admissions to this hospital of all such cases regardless of their severity is not, however, contemplated. Its facilities will not be extended to mild and transient cases which should yield to ordinary treatment, but are reserved for those of a serious and obstinate character which, though resisting ordinary methods of relief, promise a rapid and permanent recovery from the use of the waters of the springs.

ADMISSIONS AND DISPOSITIONS

341. The authorized classes of patients are designated in Army Regulations, based on the Executive order of August 25, 1892, *supra*, and Executive orders amendatory thereof dated May 4, 1893, and May 1, 1897, published respectively in General Orders No. 40, 1893, and 26, 1897.

(a) Admission to the hospital for treatment from the classes authorized shall be subject to such rules as may be prescribed by the War, the Navy, or the Treasury Departments, respectively. (Executive order Aug. 25, 1892.)

342. The admission of officers and enlisted men of the Army on the active list and of officers of the Army on the retired list is governed by the provisions of Army Regulations.

343. The physical condition of an officer or enlisted man on the active list under treatment at this hospital will be reported from time to time by the commanding officer of the hospital, with his opinion as to the length of treatment necessary and with his recommendations in the premises, to The Adjutant-General of the Army for the information of the Secretary of War, who will determine when the treatment shall be discontinued and what further action shall be taken. Ordinarily officers on the active list will not remain under treatment longer than three months. In the case of an officer who shall have been under treatment six months, a full history of the case and its prognosis will be reported by the commanding officer of the hospital to The Adjutant-General of the Army.

344. Retired officers of the Army under treatment may leave the hospital at their discretion. They will not remain in the hospital longer than three months without special permission from the War Department. When such special permission is desired, the commanding officer of the hospital will, not later than two weeks before the end of the three months, report to The Adjutant-General of the Army the patient's condition.

345. Enlisted men of the Army on the retired list will be admitted only upon permits issued by the Surgeon-General, who will furnish applicants with the necessary blank forms of application. They may leave the hospital at their discretion. They may be dismissed from the hospital at the discretion of the commanding officer.

346. Permits for the admission of officers and enlisted men of the Army on the retired lists will not be valid after 21 days from their date.

347. Officers and enlisted men of the Navy are admitted under regulations prescribed by the Secretary of the Navy.

348. Officers of the Revenue-Cutter Service and of the Public Health and Marine-Hospital Service are admitted on the request of the Secretary of the Treasury to the Secretary of War, and upon the recommendation of the Surgeon-General of the Army.

349. Permits for the admission of honorably discharged soldiers and sailors of the Army and Navy may be issued, when there are vacant beds, by the Surgeon-General of the Army, from whom blank forms of application can be obtained. These must be properly filled in, giving all necessary information in relation to the applicant, and should be certified to by a practicing physician, who should state the nature of the disability and the probable period required for hospital treatment. These permits will not be valid after 21 days from their date. Patients admitted under this authority may be discharged

from the hospital by the commanding officer at any time he may deem proper. Expenses to and from the hospital must be defrayed by the applicant.

SUBSISTENCE

350. The rations of enlisted men on the active list on duty or under treatment, and of members of the Nurse Corps on duty, at this hospital, are commuted pursuant to Executive order of March 1, 1907, published in General Orders No. 53, 1907 (also incorporated in Army Regulations).

351. Enlisted men on the retired list and honorably discharged soldiers and sailors pay for their subsistence at rates fixed in Army Regulations upon the authority of Executive orders of August 25, 1892, and May 1, 1897, *supra*.

352. Such officers as may be under treatment when subsisted in the hospital shall be subject to a charge for subsistence not to exceed \$1.50 a day, to be paid to the senior medical officer on the last day of each month or upon leaving the hospital. (Executive order, Aug. 25, 1892.)

(a) Military or naval cadets shall in like manner pay a subsistence charge not to exceed \$1 a day. Such cadets while patients may have the privilege of the officers' mess, at the discretion of the officer in command. (*Ibid.*, as amended by G. O. 5, 1894.)

(b) Should an officer or cadet die in the hospital, or should he from any cause fail to pay any account for subsistence when due, this shall be immediately reported by the senior medical officer to the Surgeon-General of the Army, who shall certify the fact to the Paymaster General of the Army, to the Surgeon-General of the Navy, or to the Secretary of the Treasury, as the case may be, and the proper officers of the War, Navy, or Treasury Departments shall take such steps as will promptly secure to the hospital payment of the amounts due. (Executive order, Aug. 25, 1892.)

353. The senior medical officer shall account monthly to the Surgeon-General of the Army for all money received or expended on account of officers and enlisted men. (*Ibid.*)

354. Subsistence stores for use in the officers' and enlisted men's messes may be purchased by the officer in command of the hospital from such officers of the Subsistence Department as the Commissary-General may designate. (*Ibid.*)

DISCIPLINE OF PATIENTS

355. The act of March 3, 1909 (35 Stats., 748; G. O. 49 of 1909, p. 26), provides that:

All persons admitted to treatment in the Army and Navy General Hospital at Hot Springs, Ark., shall, while patients in said hospital, be subject to the rules and articles for the government of the armies of the United States.

GENERAL HOSPITAL AT FORT BAYARD

ADMISSIONS

356. Under the provisions of Army Regulations, the general hospital at Fort Bayard, New Mex., has been set apart as a sanatorium for the treatment of officers and enlisted men of the Army who are suffering from pulmonary tuberculosis. Cases of tuberculous laryngitis are to be classed with pulmonary tuberculosis and should be sent to Fort Bayard even though, as rarely happens, there is no unmistakable evidence that the lungs are also involved. Cases of acute pleurisy with effusion will not be sent to Fort Bayard unless there is likewise tuberculous involvement of the lungs or unless the tuberculous nature of the pleural disease is determined by other facts than the mere existence of an effusion. Cases of surgical tuberculosis which are believed to require operative treatment should not be sent to Fort Bayard with a view to operation. In general, no cases of surgical tuberculosis should be sent to Fort Bayard unless the condition of the patient is such that he reasonably may be expected to be able to receive the benefit of a hygienic treatment in which outdoor life plays a prominent part, or, in other words, unless the patient is not strictly confined to his bed by the nature of his disease. Cases of tuberculosis not involving the respiratory tract will not be sent to Fort Bayard without specific authority from the War Department, for which authority application will be made to The Adjutant-General of the Army, the application to be accompanied in every case with a full medical report thereof.

(a) The provision of Army Regulations as to the responsibility of the surgeon for the transfer of tuberculous cases to Fort Bayard appears to be misunderstood by medical officers. The intent of this provision is to secure promptitude in making the diagnosis and in transferring early cases of pulmonary tuberculosis; it is not the intent of the provision to direct the transfer of cases of pulmonary tuberculosis irrespective of their physical condition.

(b) Pulmonary tuberculosis is a chronic disease attended by more or less acute exacerbations in one of which its existence is usually detected. The exacerbations are, as a rule, accompanied by an extension of the tuberculous involvement. If the exacerbation is slight, or if the course of the disease is of a chronic nature, there may be no fever or but little fever, and the patient may be able to travel without injury. If, however, there is well-marked fever with other signs of constitutional disturbance, it is of vital importance that the patient be required at first to rest until his temperature drops and the activity of the pulmonary disease lessens or disappears. If the disease is too far advanced to permit such abatement of its severity, the progress toward death may be continuous and rapid or a chronic

febrile movement may continue indefinitely. In the latter case, it is useless to send the patient to Fort Bayard; in the former, opportunity to receive the treatment at that hospital should be given the patient and he should be sent there if he is believed to have sufficient strength to endure the journey. In the case of a disease that presents such a variety of manifestations, it is impossible to give general instructions that will always be fully applicable to the individual patient. If there be doubt as to the course of treatment that should be pursued, report of the case should be made to the Surgeon-General and instructions requested.

(c) Since the administration of tuberculin by hypodermic injection may be attended by grave dangers to the patient, except in the hands of those specially skilled in diagnosis, tuberculin will be used in this manner in the diagnosis or treatment of tuberculosis only with due care and precaution. The use of tuberculin to obtain the ophthalmic reaction being not without danger to the eyes of patients, this reaction should be used with great caution for purposes of diagnosis.

(d) The cutaneous or Von Pirquet reaction gives positive results in cases of inactive tuberculosis. No patient will, therefore, be sent to Fort Bayard, nor will the diagnosis of pulmonary tuberculosis be reported, unless physical signs are present which establish the diagnosis.

357. Patients will be admitted to this hospital in the following order: Officers and enlisted men of the Army on the active list; officers and enlisted men of the Army who may be retired or discharged while under treatment at this hospital; beneficiaries of the United States Soldiers' Home; officers and enlisted men on the retired list; officers and enlisted men of the Navy upon special authority from the Secretary of War, and such others as may have such authority or that of the Surgeon-General of the Army.

(a) The treatment of officers and men of the Navy and Marine Corps is specially directed by the act of March 2, 1907 (34 Stats., 1172).

358. The transfer of officers and enlisted men of the Army on the active list for treatment at Fort Bayard is governed by the express provisions of Army Regulations.

359. The Surgeon-General of the Army is authorized to provide for the care and treatment of discharged soldiers entitled to the benefits of the United States Soldiers' Home, Washington, D. C., who may be sent to the sanatorium by the board of commissioners of the home.

360. Officers and enlisted men on the retired list of the Army desiring admission to this hospital may make direct application, accompanied by a medical certificate, to The Adjutant-General of the Army for the necessary permission.

HOSPITAL CHARGES

361. Officers under treatment when subsisted in the hospital will be subject to a charge for subsistence not to exceed \$1.50 per day.

362. The expenses of maintenance of patients from the Soldiers' Home are paid by the board of commissioners of the home from the Soldiers' Home fund.

363. The charge for subsistence for those admitted by special authority of the Secretary of War or the Surgeon-General, including Navy and Marine Corps patients, will be, if on the footing of officers, \$1.50 per day, and if on the footing of enlisted men, \$5 per week.

364. The commanding officer is authorized to charge civilians on the footing of officers a moderate sum, proportionate to their means, for attendance and nursing. This charge will not be more than \$1 a day, and may be remitted in the discretion of the commanding officer.

365. All moneys received under paragraphs 361, 362, 363, and 364 will be taken up on the hospital fund account.

366. The payment by civilians of fees for professional services will be voluntary and a matter of arrangement with the commanding officer, subject to the approval of the Surgeon-General.

RATIONS

367. Rations in kind are issued by the Subsistence Department for all enlisted men and others entitled to rations (except nurses) ordered to this sanatorium for duty. The rations of nurses on duty and of enlisted patients under treatment therein are commuted at rates fixed in the annual appropriations for Subsistence of the Army, and the commuted value paid by the Subsistence Department to the medical officer in command, who provides the necessary messes.

DISCIPLINE OF PATIENTS

368. The act of June 12, 1906 (34 Stats., 255), provides that:

All persons admitted to treatment in the general hospital at Fort Bayard, N. Mex., shall, while patients in said hospital, be subject to the rules and articles for the government of the armies of the United States.

ARTICLE V.—SPECIAL DUTIES OF MEDICAL OFFICERS

DUTIES OF CHIEF SURGEONS

369. The duties of the chief surgeon of a territorial department are:

(a) To advise the department commander on all matters connected with the sanitary condition of the posts in the department and the preservation or improvement of the health of the troops;

(b) To recommend such action as he may deem necessary for the correction of sanitary defects noted on post sanitary reports;

(c) To report on the efficiency of each medical officer serving in the department;

(d) To authorize enlistments in the Hospital Corps;

(e) To recommend transfers to the Hospital Corps from the line;

(f) To supervise the examination of corporals, privates first class and privates of the Hospital Corps, for appointment as sergeant therein;

(g) To promote members of the Hospital Corps to the grade of private first class, lance corporal and corporal therein;

(h) To recommend the transfer of members of the Hospital Corps from post to post;

(i) To supervise the instruction of Hospital Corps detachments;

(j) To examine certificates of disability and to recommend the discharge thereon of all soldiers permanently unfitted for military service because of wounds or disease;

(k) To recommend appropriate action upon applications for sick leave for officers and acting dental surgeons, applications for sick furlough for enlisted men, and applications for furlough for members of the Hospital Corps;

(l) To recommend appropriate action on estimates for the construction and repair of hospitals, of quarters for sergeants first class, Hospital Corps, and of other buildings of the Medical Department;

(m) To examine requisitions for medical and hospital supplies, and to take appropriate action thereon as indicated hereinafter in the article on supplies;

(n) To give authority under Army Regulations for the presentation of unserviceable medical property to an inspector for condemnation;

(o) To recommend appropriate disposition of condemned medical property on inventory and inspection reports referred to him for remark;

(p) To act on accounts for supplies purchased for or services rendered to the Medical Department;

(q) To act on accounts of civilians for the medical care and treatment of persons entitled thereto at the expense of the United States;

(r) To regulate disbursements from the hospital fund in the interests of the persons to whom it belongs;

(s) To examine and audit the statements of the hospital fund, to which end he should verify the vouchers therewith and ascertain the propriety of the expenditures vouched for;

(t) To examine the reports of sick and wounded, to initiate measures for their correction when necessary (see paragraph 447), and to make such notations and memoranda therefrom as may be needed for the purposes of his office; and

(u) To perform such other duties as may be properly required of him by superior authority.

370. The efficient discharge of these duties requires him to keep thoroughly informed upon the following subjects relating to the command:

(1) Sanitary conditions;

(2) Care of the sick;

(3) Efficiency of the medical officers;

(4) Management of the hospitals;

(5) Instruction, discipline, control, and efficiency of the members of the Hospital Corps, trained nurses, and all other persons attached to or employed by the Medical Department;

(6) Quality, quantity, and care of medical supplies;

(7) Condition of medical field equipment;

(8) Condition of hospital buildings and of quarters of sergeants first class, Hospital Corps.

371. Whenever he deems it necessary the chief surgeon should apply to the department commander for an order to inspect the posts in his department.

(a) In case of a serious outbreak of preventable disease at any post in his department the chief surgeon should under appropriate orders given therefor by the department commander proceed at once to that post and take the necessary measures for the control of the disease.

372. So far as he has authority each chief surgeon will take final action on all letters, papers, reports, and returns referred to or received by him; he should not forward them unless they require action by higher authority.

(a) He should list the reports and returns periodically required from medical officers under his supervision, should check them off as they are received, and note their disposition as they are disposed of.

(b) Reports and papers en route to higher authority which call for no special action at his hands, including personal reports of medical officers, reports of sick and wounded, and returns of the Hospital Corps, need not be formally indorsed; but they should receive his office stamp before transmittal.

(c) An appropriate correspondence record should be made of the action taken by him on all papers requiring special action.

373. The chief surgeon will keep and turn over to his successor a card-record of correspondence and a document file conformably to the requirements of General Orders No. 92, of 1909, and orders supplementary thereto; also complete files of orders and circulars, and of all reports and returns upon which he takes final action. (See par. 402.)

(a) For ready reference he will also keep in his office on Form 70 a directory of the medical personnel under his supervision.

374. The duties of the chief surgeon of a territorial division are substantially the same as those of the chief surgeon of a territorial department, subject, however, to such modifications as the circumstances may require in each case.

375. Within one month after the end of every calendar year the chief surgeon of the Philippines Division and of each territorial department in the United States will mail direct to the Surgeon-General a report setting forth in general terms all matters of professional interest arising in the division or department during the year, and particularly such as will enable the Surgeon-General in preparing his annual report to the Secretary of War to make proper comparisons of the several military posts in respect to their health and sanitary condition. To that end, the chief surgeon's report will include, first, a discussion of the sickness and mortality of troops serving in the division or department, as a whole and by posts, noting the character and causes of prevailing diseases, their relative prevalence at different posts, their connection with insanitary conditions, if any, and the measures taken for their prevention; and, second, a discussion of the sanitation of each post in the division or department, noting under this head any important changes in sanitary conditions during the year, and commenting upon the sanitary defects observed at annual inspections or reported in the post sanitary reports, with appropriate remarks concerning the recommendations made and the action taken for the correction of the same. (See par. 468.)

ATTENDING SURGEONS

376. The Surgeon-General will recommend the assignment, as attending surgeons in the principal medical centers of the United States, of medical officers who have not yet passed their examination for promotion to a majority, and, so far as may be practicable, in the order of their seniority. These details will be made for not more than one year in order that as many medical officers as possible may be enabled to avail themselves of the opportunities thus afforded for making themselves familiar with the practice of the leading physicians and surgeons in this country, and of attending medical lectures, meetings of medical societies, etc. At the end of this tour of duty medical officers are required to make a detailed report to the Surgeon-General showing how much of their time has been occupied by their official duties and to what extent they have availed themselves of the advantages offered for professional advancement.

377. An officer on duty as attending surgeon will select an office hour between the hours of 10 a. m. and 4 p. m., and will remain in his office during this hour, unless called away by an urgent professional engagement. He will inform all officers on duty, and all officers on the retired list living in the city, of his office and residence address and office hour, and of any changes therein; also of his departure should he leave station in obedience to orders or otherwise, giving the name and address of his successor or relief should one have been designated. He will be careful not to allow anything to interfere with the proper performance of his duties as attending surgeon.

DUTIES OF DISBURSING OFFICERS

378. Officers detailed as disbursing officers of the Medical Department will, unless otherwise instructed, pay accounts against the Medical Department incurred by them. They will pay accounts incurred by other officers only when authorized so to do by the Surgeon-General.

(a) Medical Department disbursing officers will forward with every voucher paid by them for supplies, except supply vouchers specially referred to them by the Surgeon-General for payment, an invoice of articles purchased, Form 12; but no invoice is required with prescription accounts paid for on Forms 7, 8, and 10.

379. Disbursing officers of the Medical Department who receive communications concerning their medical money accounts direct from the Auditor for the War Department will immediately refer the same or send copies thereof to the Surgeon-General, who will give instructions in the premises if any are required. Should reply to the Auditor be appropriate it will be made by the Surgeon-General or be transmitted through his office.

DUTIES OF MEDICAL SUPPLY OFFICERS

(See par. 486)

380. Officers in charge of medical supply depots will procure, safeguard, and issue medical and hospital supplies as authorized and directed by competent authority.

(a) They will keep the following records and files and turn them over to their successors: Of correspondence as indicated in paragraph 404, of funds received and expended, of purchase orders given for medical and hospital supplies (including contracts), of articles received, of articles expended, of requisitions, of issues, of articles on hand, of invoices of packages turned over to the Quartermaster's Department, of contents of packages, and of employees.

(b) They will forward a property return on Form 17 at the end of each quarter, retaining a duplicate thereof with a complete set of vouchers.

(c) They will make such other reports and returns as the Surgeon-General may from time to time require.

ARTICLE VI.—PHYSICAL EXAMINATIONS

CADET CANDIDATES AND CADETS

381. Candidates selected for appointment to the Military Academy must, before their admission, conformably to Regulations for the Academy, appear for mental and physical examination before boards of army officers convened for the purpose at times and places designated by the War Department. The constitution of the boards and their procedure are regulated by orders issued from time to time by the War Department.

382. The physical examination of cadets made annually after admission and on graduation pertains to the interior administration of the academy, and is governed by the Regulations for the Academy.

CANDIDATES FOR COMMISSION

383. The physical examination of candidates in civil life, and soldier candidates, for appointment to the grade of second lieutenant, is governed by regulations published from time to time in general orders. Appointments in the Medical Corps are subject to the physical examination indicated in paragraphs 5*a* and 9*a* of this Manual; in the Medical Reserve Corps to the examination indicated in paragraphs 13 and 15*b*.

OFFICERS—EXAMINATIONS FOR PROMOTION, RETIREMENT, AND LEAVE OF ABSENCE, AND ANNUAL EXAMINATIONS

384. The physical examination of officers for promotion is a part of their general examination, and is governed by the regulations referred to in paragraph 10 of this Manual. Promotions in the Medical Corps are subject to the physical examination provided for in the act April 23, 1908 (par. 2, this Manual).

385. Regulations for the examination of officers for retirement appear in the "Manual for Courts-Martial, Courts of Inquiry, and Retiring Boards."

386. The physical examination of officers upon their applications for sick leave of absence is governed by express provisions in Army Regulations.

387. The annual physical examination is prescribed and controlled in general orders.

**APPLICANTS FOR ENLISTMENT, RECRUITS, SOLDIERS
FOR DISCHARGE, AND DESERTERS**

388. The physical examination of applicants for enlistment is conducted in accordance with "rules for the examination of recruits" and instructions supplementary thereto published in general orders from time to time. (See also Army Regulations.)

389. The personal identification record of recruits (finger-print and photographic system) is made under orders issued from time to time by the War Department.

390. The physical examination of enlisted men for discharge on account of disability is subject to the provisions of Army Regulations, and General Orders Nos. 174 and 191, of 1909.

391. The physical examination of apprehended and surrendered deserters is governed by Army Regulations.

OTHER EXAMINATIONS

392. Other physical examinations are regulated as follows: For appointment in the Dental Corps, paragraph 21*a*, this Manual; for appointment in the Nurse Corps, paragraph 55, this Manual; for admission to the Government Hospital for the Insane, Army Regulations; for admission to the Army and Navy General Hospital at Hot Springs, Ark., Army Regulations; for admission to the General Hospital at Fort Bayard, N. Mex., paragraph 356 of this Manual, and Army Regulations.

VISION, COLOR SENSE, AND HEARING

393. The methods of determining and recording acuity of vision, color sense, and acuity of hearing prescribed in orders and instructions relating to the examination of recruits will be followed as far as practicable in conducting all other tests of vision and hearing in the Army.

ARTICLE VII.—REPORTS, RETURNS, AND RECORDS

BLANK FORMS AND BOOKS

394. The blank forms and record books enumerated in the following table are authorized for the Medical Department.

(a) Requisitions for such as are needed for infirmaries, hospitals, and other establishments and organizations of the Medical Department will be made on Form 37.

(b) The requisition, if from a permanent post, will indicate the number of blanks, specifying them, required during the ensuing six months, the number of each on hand, and the number used during the preceding six months. It will be forwarded direct to the Surgeon-General, except in the Philippines Division, where it will be sent to the chief surgeon of the division.

(c) The requisition, if from an organization in the field, will indicate the number of blanks required during the ensuing month, the number on hand, and the number used during the preceding month, and will be forwarded to the chief surgeon of the division if the organization belongs to a division (except the reserve medical supply) for issue from the reserve medical supply, or to the chief surgeon of the line of communications if the organization belongs to the line of communications (except the base depot) for issue from the base depot, according to the said chief surgeon's discretion. Requisitions from the reserve medical supplies will be forwarded direct to the chief surgeon of the field army, for issue at his discretion from the base depot. Requisitions from the base depot will be for a period of six months and will be forwarded through medical channels to the Surgeon-General.

(d) Blank forms will not be required for merely because they are listed in the table or are enumerated on Form 37. Only those will be furnished which the Surgeon-General or the chief surgeon who is finally to act on the requisition deems to be needed.

BLANK FORMS

Form No.	Title.
1	Account current.
1a	Account current.
2	Voucher to account current, invoice of or receipt for funds transferred.
3	Cash account.
4	Voucher to account current, abstract of expenditures.

(For disbursing officers only.)

BLANK FORMS—Continued

Form No.	Title.
5	Voucher to abstract of expenditures, bill for supplies or services (general form for bills not specially provided for on other forms).
6	Voucher to abstract of expenditures, pay roll of employees.
6a	Voucher to abstract of expenditures, pay roll of employees, memorandum.
7	Voucher to abstract of expenditures, bill for medical attendance.
8	Voucher to abstract of expenditures, bill for prescriptions.
9	Voucher to abstract of expenditures, bill for nursing.
10	Voucher to abstract of expenditures, bill for hospital care and treatment.
11	Voucher to abstract of expenditures, bill for examining and vaccinating recruits.
12	Invoice of articles purchased (to accompany bill for supplies, Form 5).
14	Receipt for cash payment. (For disbursing officers only.)
15	Account of sales.
16	Voucher to account of sales, inventory of medical property sold.
17	Return of medical property, front, card.
17a	Return of medical property, original.
17b	Return of medical property, retain.
17c	Return of medical property, back, card.
18	List of medical property expended (for supply depots only).
19	Invoice of or receipt for medical property delivered to Quartermaster's Department for transportation.
23	Invoice of medical supplies, post.
24	Invoice of medical supplies, field.
26	Receipt for medical supplies, post.
27	Receipt for medical supplies, field.
28	Invoice of or receipt for medical supplies (single sheet).
31	Invoice of or receipt for dental supplies.
32	Packer's list.
33	Requisition for post medical supplies, annual.
34	Requisition for field medical supplies, annual.
35	Requisition for post medical supplies, field medical supplies, or dental supplies, special.
36	Requisition for dental supplies, annual.
37	Requisition for blank forms.
38	Circular advertisement and proposal for supplies.
39	Circular advertisement and proposal for laundry work.
40	Abstract of proposals.
41	Contract for medical supplies.
42	Contract for laundry work.
43	Contract for services as nurse.
44	Contract with private physician (general form).
44a	Contract with private physician (special form).
45	Contract with acting dental surgeon.
46	Return of medical officers, etc.
47	Return of the Hospital Corps (for time of peace).
47a	Return of the Hospital Corps (for time of war).
48	Application for transfer to the Hospital Corps.
49	Statement of the hospital fund, etc.
49a	Employee's certificate of indebtedness for Hospital Service.
50	Monthly sanitary report.
50a	Transport sanitary inspection report.
50b	Sanitary inspection report, Medical Department organizations.
51	Report of sick and wounded.
51a	Nominal check list for report of sick and wounded (sheet 1).
51a	Nominal check list for report of sick and wounded (sheet 2).
52	Register and report card. ¹
52a	Index to register of patients (card).
53	Medical inspection of personnel (list form).
53a	Medical inspection of personnel (individual form).
54	Surgeon's request for descriptive list.
55	Clinical record, treatment sheet.
55a	Clinical record, temperature chart.
55b	Clinical record, history sheet.
55c	Clinical record, progress sheet.
56	Numerical weekly report of hospital (for general hospitals only).
57	Report of dental work.
58	Report of surgical operations.
59	Report of examination for sergeant, Hospital Corps, United States Army.
60	Certificate of proficiency, field hospital or ambulance company, United States Army.
60a	Certificate of proficiency, Hospital Corps detachment, United States Army.
61	Certificate of identity.
62	Efficiency report of nurses, Army Nurse Corps.
63	Monthly return of female nurses.
65	Dental engagement slip.
67	Certificate of graduation, Army Medical School.
68	Information slips.
70	Chief surgeon's directory (cards).
71	Surgeon's morning report of sick.
72	Morning report of ward.
73	Diet card.

¹ When used for register of patients known as "register card;" for report of sick and wounded as "report card;" for transfer of patients as "transfer card;" for change of diagnosis as "change of diagnosis card;" for correction of report card as "correction card."

BLANK FORMS—Continued

Form No.	Title.
74	Mess account.
75	Patient's property card.
76	Property tag.
78	Syphilitic register.
79	Register of dental patients (card).
80	Information slips—efficiency of the Hospital Corps.
82	Daily field report of sanitary personnel and transportation.
83	Daily field report of patients.

RECORD BOOKS, ETC.

69	Medical history of post.
77	Prescription file book.

NOTE.—For list of blank forms furnished by other departments, see paragraphs 850 and 895.

LIST OF REPORTS AND RETURNS

395. The following table includes all the usual reports and returns required of medical officers:

Name of report, etc.	Form No.	No. of copies.	To whom sent.	Remarks.
(a) DAILY.				
(1) Surgeon's morning report of sick.	71, M. D.	1	Adjutant.	Made after sick call. Returned by the adjutant to hospital.
(2) Morning report, detachment of the Hospital Corps.	332, A. G. O.	1	.....do.	Do.
(3) Daily sick report, detachment of the Hospital Corps.	339, A. G. O.	1	Kept at hospital.	
(b) TRIMONTHLY.				
(1) Ration return, detachment of the Hospital Corps.	24, O. C. G.	2	1 to adjutant; memorandum copy kept at hospital.	
(2) Trimonthly report of enlistments.	18, A. G. O.	2	1 to The Adjutant-General; 1 retained.	This report is made by the commanding officer at recruit depots and depot-posts. At other garrisoned posts and stations it is made by the recruiting officer.
(c) MONTHLY.				
(1) Personal report of medical officer, dental surgeon, acting dental surgeon, or contract surgeon.	Information slip.	2	1 to The Adjutant-General; 1 to Surgeon-General, through chief surgeon or direct.	See paragraphs 409, 410, and 411.
(2) Return of the Hospital Corps.	47a, M. D.	2	1 to Surgeon-General, through chief surgeon or direct; 1 retained.	Monthly return for time of war only. See paragraph 413.
(3) Pay rolls.	28f, P. D.	3	2 to adjutant; 1 retained.	
(4) Ration return for matron and others rationed separately.	24, O. C. G.	2	1 to adjutant; memorandum kept at hospital.	
(5) Voucher for commutation of rations of enlisted men, female nurses, etc., in hospital.	3, O. C. G.	2	2 to adjutant.	1 original and 1 memorandum.
(6) Statement of the hospital fund.	49, M. D.	2	1 to chief surgeon or to Surgeon-General; 1 retained.	See paragraphs 320, 321, and 322.

Name of report, etc.	Form No.	No. of copies.	To whom sent.	Remarks.
(c) MONTHLY—Continued.				
(7) Report of sick and wounded.	51, M. D.; 51a, M. D.; 52, M. D.	1	Surgeon-General, through chief surgeon or direct.	See paragraph 445, et seq. Duplicates of the report sheet, Form 51, and of the nominal list, Form 51a, to be retained.
(8) Sanitary report.....	50, M. D.....	2	1 to adjutant. Upon return from adjutant, then to Surgeon-General through military channels; 1 retained.	See paragraph 415.
(9) Report of medical examination of applicants for enlistment.	265, A. G. O....	2	1 to The Adjutant-General; 1 retained.	
(10) Report of progress of repairs to hospital (if any are being made).	Information slip.	1	Surgeon-General.....	See paragraph 303.
(11) Report of progress of repairs to quarters of sergeants first class, Hospital Corps (if any are being made).	do.....	1	do.....	Do.
(12) Voucher for hospital laundry not done by hospital matron.	5, M. D.....	2	2 to chief surgeon or to the Surgeon-General.	1 original and 1 memorandum. See paragraph 335, et seq.
(13) Account of sales of medicines to civilians.	15, M. D.....	1	Surgeon-General.....	See paragraph 297.
(14) Requisition for forage, straw, and mineral oil.	38a, Q. M. D....	2	2 to adjutant.....	
(15) Report of ordnance charges on muster and pay rolls.	94, O. D.....	2	1 to paymaster or chief paymaster according to circumstances; 1 retained.	
(16) Report of meteorological observations.	Weather Bureau.	1	Through director State section Weather Bureau to Surgeon-General.	From designated posts. See paragraph 534.
(d) BIMONTHLY.				
(1) Muster roll, detachment of the Hospital Corps.	63, A. G. O....	2	1 to mustering officer; 1 retained in hospital.	
(2) Muster roll, soldiers in hospital.	21, A. G. O....	2	do.....	
(3) Return of the Hospital Corps.	47, M. D.....	2	1 to Surgeon-General, through chief surgeon or direct; 1 retained.	Bimonthly return in time of peace. See paragraph 413.
(e) QUARTERLY.				
(1) Special requisition for medical supplies.	35, M. D.....	4 or 3	3 to chief surgeon, or, from independent posts, 2 to Surgeon-General; 1 retained at hospital.	See paragraph 487, et seq.
(2) Return of quartermaster supplies.	27, Q. M. D.; 27a, Q. M. D.; 27b, Q. M. D.; 27c, Q. M. D.	2	1 to Quartermaster-General; 1 retained in hospital.	Rendered only by quartermasters and acting quartermasters. Vouchers to accompany.
(3) Requisition for tableware and kitchen utensils.	Letter.....	1	Adjutant.....	
(4) Certificate of breakage, china and glass ware.	36, Q. M. D....	2	Quartermaster.....	
(f) SEMIANNUALLY.				
(1) Return of ordnance and ordnance stores.	18, Ord.....	2	1 to Chief of Ordnance (except in Philippines Division, where to chief ordnance officer of the division); 1 retained by accountable officer.	Vouchers to accompany.
(2) Statement of charges for ordnance property on muster and pay rolls.	86, Ord.....	2	As preceding.....	To accompany return preceding.
(3) Return of horse equipments.	18a, Ord.....	2	do.....	Vouchers to accompany.
(4) Requisition for blanks....	37, M. D.....	1	Direct to Surgeon-General, except in Philippines Division, where to chief surgeon of the division.	A memorandum or retained copy may be kept, but is not prescribed.

Name of report, etc.	Form No.	No. of copies.	To whom sent.	Remarks.
<i>(g) ANNUALLY.</i>				
(1) Requisition for medical supplies.	33, M. D.; 34, M. D.; 35, M. D.	4 or 3	3 to chief surgeon, or, from independent posts, 2 to Surgeon-General; 1 retained at hospital.	See paragraph 487, et seq.
(2) Estimate of repairs, etc., to hospital.	.....	As required.	Secretary of War, through military channels.	As many copies for department headquarters as may be required by department commander.
(3) Estimate of repairs, etc., to quarters of sergeants first class, Hospital Corps.	.....	do	Same as preceding	Same as preceding.
(4) Officer's individual service report.	266, A. G. O....	1	The Adjutant-General, through military channels.	
(5) Report of surgical operations.	58, M. D.....	1	Chief surgeon, or to Surgeon-General.	See paragraphs 466, 467, and 468.
<i>(h) OCCASIONALLY.</i>				
(1) Special sanitary report...	Letter.....	1	Adjutant. After return from adjutant, then to Surgeon-General, through military channels.	See paragraph 415b.
(2) Report of appearance of epidemic disease at or near a military post or station.	do.....	3	1 to adjutant, 1 to chief surgeon, 1 to Surgeon-General.	See paragraph 245.
(3) Report of appearance of epidemic disease in military command en route to new station.	do.....	4	3 copies as in preceding case. The additional copy is for the surgeon of the new station.	Do.
(4) Notification to local board of health of appearance of infective disease at a military post.	do.....	1	Board of health.....	See paragraph 247.
(5) Special reports of interesting cases.	do.....	1	Surgeon-General, through medical channels.	By the attending physician. See paragraphs 469 and 470.
(6) Telegraphic report of death of officer.	Telegram.....	1	The Adjutant-General ..	Medical officer to report deaths of officers on active list who have no immediate commanders, and of officers on the retired list.
(7) Report of death of officer, enlisted man, or civilian.	.....	1	Adjutant.....	See paragraph 268.
(8) Report of death of medical officer, dental surgeon, acting dental surgeon, contract surgeon, or sergeant first class, Hospital Corps.	Information slip.	2	1 to chief surgeon, 1 to Surgeon-General.	See paragraph 269.
(9) Report of change of status, medical officer.	do.....	2	1 to The Adjutant-General, 1 to Surgeon-General, through chief surgeon or direct.	See paragraph 410.
(10) Report of change of status, dental surgeon, acting dental surgeon, or contract surgeon.	do.....	1	Surgeon-General, through chief surgeon or direct.	See paragraph 411.
(11) Report of change of status, Hospital Corps.	do.....	1	Chief surgeon or the Surgeon-General.	See paragraph 27.
(12) Special requisition for medical supplies.	35, M. D.....	4 or 3	3 to chief surgeon, or, from independent posts, 2 to the Surgeon-General; 1 retained in hospital.	See paragraph 487, et seq.
(13) Request for vaccine virus	Information slip.	1	Surgeon-General (in Philippines Division to chief surgeon).	See paragraph 499e.
(14) Requisition for clothing.	65, Q. M. D....	2	2 to adjutant.....	
(15) Requisition for quartermaster supplies.	Letter.....	1	Adjutant.....	
(16) Requisition for fuel.....	38, Q. M. D....	2	2 to adjutant.....	
(17) Requisition for ordnance.	386, Ord.....	3	2 to adjutant; 1 retained.	

Name of report, etc.	Form No.	No. of copies.	To whom sent.	Remarks.
<i>(h) OCCASIONALLY—Con.</i>				
(18) Inventory and inspection report.	1, I. G. D.	2	2 to inspecting officer...	
(19) Account of sales.....	15, M. D.	2	1 to Surgeon-General; 1 retained.	See paragraph 519.
(20) Report of issues of medicines to civilians.	Letter.....	1	Surgeon-General (in Philippines Division to chief surgeon).	See paragraph 298.
(21) Report of change of combination of lock of hospital safe.	.....do.....	1	Surgeon-General.....	See paragraph 312.
(22) Enlistment paper of soldier enlisting or reenlisting.	22, A. G. O.	1	As prescribed on form...	
(23) Report of physical examination of recruit.	135, A. G. O.	1	The Adjutant-General...	
(24) Identification record (recruit).	260, A. G. O.; 261, A. G. O.	1	The Adjutant-General (in the Philippines Division to the commanding general thereof).	
(25) Descriptive and assignment card (recruit).	25, A. G. O.	1	Adjutant.....	
(26) Account of clothing issued to recruit.	140, A. G. O.	1	To accompany descriptive and assignment card.	
(27) Descriptive list.....	29, A. G. O. ....	.....	Number and disposition according to circumstances as prescribed in regulations.	
(28) Allotment of pay.....	18, P. D.	2	1 to Paymaster-General; 1 retained.	
(29) Discontinuance of allotment of pay.	18a, P. D.	1	Paymaster-General.....	Notation of discontinuance made on retained copy of allotment of pay.
(30) Report of soldier's deposit.	Letter.....	1	Adjutant, with pay roll.	
(31) List of soldiers' deposits.	4, P. D.	1	Paymaster-General.....	
(32) Report of transfer or desertion of soldier having deposit.	Letter.....	1	.....do.....	
(33) Furlough.....	66, A. G. O.	1	Adjutant.....	
(34) Statement of service.....	15, A. G. O.	1	To accompany charges against enlisted man for trial by court-martial.	
(35) Certificate of disability..	17, A. G. O.	2	Adjutant.....	
(36) Discharge certificate, enlisted man.	203, A. G. O.; 19, A. G. O.; 20, A. G. O.	1	Soldier.....	The certificate is to be given by a field officer of the soldier's regiment or corps, or by the commanding officer when no field officer is present.
(37) Final statement, enlisted man.	62, A. G. O.	2	As prescribed on form...	
(38) Notification of discharge, enlisted man.	3, A. G. O.	1	Paymaster.....	
(39) Certificate of indebtedness of employee for hospital service.	49a, M. D.	3	As required by regulations.	
<i>(i) ON BREAKING UP OF HOSPITAL.</i>				
(1) Current periodical reports and returns to be completed.	.....	.....	Number of copies and disposition as at end of full stated periods in each case.	
(2) Retained records.....	.....	.....	The Adjutant-General, with schedule.	
(3) Personal report of medical officer, dental surgeon, acting dental surgeon, or contract surgeon.	Information slip.	1	Surgeon-General.....	See paragraphs 409, 410 and 411.
<i>(j) ON BEING RELIEVED OF MEDICAL PROPERTY.</i>				
(1) Return of medical property.	17, M. D.; 17a, M. D.; 17b, M. D.; 17c, M. D.	2	1 to Surgeon-General; 1 retained by accountable officer.	See paragraph 517.

LIST OF RECORDS

396. The following list includes all the principal records required to be kept in military hospitals in addition to retained copies of reports, returns, etc.:

- (1) Register of sick and wounded (Form 52).
- (2) Clinical records (Forms 55, 55*a*, 55*b*, and 55*c*).
- (3) Prescription files.
- (4) Register of dental patients (Form 79).
- (5) Medical history of post (Form 69).
- (6) Correspondence book.
- (7) Document file.

(8) Class book of instruction of the Hospital Corps. See paragraphs 156 and 172.

MODE OF KEEPING AND AUTHENTICATING REPORTS, RETURNS, AND RECORDS

397. In all record books a statement explanatory of the contents will be pasted on the inside of the front cover. Care must be taken that signatures are made in these books wherever necessary. Entries in record books will be continuous until the books are filled. If all record books are not on hand, requisition for a complete supply will be promptly made.

398. In the absence of a medical officer the officer designated to take charge of medical property will sign all property and administrative papers, while the physician who renders professional service will sign papers of a professional character, such as reports of sick and wounded, surgical reports, morning sick reports, etc. (See pars. 424*a* and 446*c*.)

REPORTS AND RECORDS ON ABANDONMENT OF POSTS

399. When a post is abandoned or a detachment is broken up, the medical officer will report the fact to the chief surgeon, and after completing all current reports, will forward them to the Surgeon-General. (See also Army Regulations.)

CORRESPONDENCE BOOKS AND RECORDS

400. The provisions of General Orders No. 109, 1906, will govern the record of correspondence and the filing of documents in all establishments of the Medical Department, except those in which the system of record keeping prescribed by General Orders No. 92, 1909, and orders supplementary thereto is or may be authorized. The required correspondence books are furnished by The Adjutant-General.

401. The provisions of General Orders No. 92, 1909, and orders supplementary thereto will govern the record of correspondence and the filing of correspondence therein at all Government hospitals to which the system of record keeping prescribed by that order has been or may be extended.

402. The correspondence of chief surgeons' offices at headquarters of military divisions and departments is governed by the provisions of General Orders No. 92, 1909, as interpreted in Circular 92, 1909. (See par. 373.)

403. The correspondence of an attending surgeon at the headquarters of a territorial division or department will be considered a part of the correspondence of the chief surgeon's office.

(a) The correspondence of other attending surgeons will be governed by the provisions of General Orders No. 109, 1906, except as the same may be varied by the authority of the Surgeon-General.

404. The provisions of General Orders No. 92, 1909, and orders supplementary thereto will govern the record of correspondence and the filing of documents therein at all permanent depots of supply of the Medical Department to which the system of record keeping prescribed by that order has been or may be extended. (See par. 380.)

405. Accumulations of obsolete and worthless documents at independent administrative offices of the Medical Department should every few years be reported to the Surgeon-General with a view to obtaining authority from the Secretary of War for their destruction. These reports should indicate the character of the documents in question, their date or period, and if known the date of the last call for them.

INFORMATION SLIPS

406. Information slips are for the use of the Medical Department in cases where formal letters can be dispensed with, as, for example, personal reports; reports of changes in the status of Hospital Corps members and of hospital matrons; requests for authority for the reenlistment of members of the Hospital Corps; requests for and acknowledgments of the receipt of clinical thermometers, typewriter ribbons, and vaccine virus; requests for authority to make special expenditures of the hospital fund; acknowledgments of the receipt of information of the allotment of funds for the construction and repair of hospitals and quarters of sergeants first class, and monthly reports of the progress of the work thereunder; explanations concerning reports of sick and wounded, etc. They should not be used in any case requiring action by another department, but they may be used for personal reports to The Adjutant-General of the Army.

(a) Letter forms, such as "Sir: I have the honor," and "Very respectfully," will not be used.

(b) Should one slip be insufficient to receive the original data or desired indorsements, another may be pasted to it.

407. Indorsements should follow in sequence in the usual form. When neither remark nor action is required by the chief surgeon, his receiving stamp will take the place of an indorsement, to which may be added the words "contents noted," if deemed necessary.

408. When communications on information slips sent out are of such a nature as to require record, the slips will be made in duplicate or be press copied and the carbons or press copies be placed in the document file, making the proper entries in the correspondence book or record. In such cases no stub entry will be made. If the communication is of such a nature as not to require formal record a memorandum of the communication on the stub will be sufficient.

PERSONAL REPORTS

409. The personal reports made to the Surgeon-General in compliance with Army Regulations by medical officers in active service at independent posts and stations will be forwarded direct. In other cases they will be forwarded through the chief surgeon, who will note and transmit them without delay.

410. Medical officers in active service will immediately upon any change in their stations, status, or duties report the same to the Surgeon-General, stating the authority therefor, with the number, date, and source of the order making the change. These reports likewise will be forwarded direct from independent posts and stations; otherwise, through the chief surgeon.

411. Dental surgeons, acting dental surgeons, and contract surgeons will render personal reports similar to those made by medical officers under paragraphs 409 and 410. (See G. O. 67, 1905.)

412. Every officer of the Medical Reserve Corps not in active service will at the end of each calendar year report his address to the Surgeon-General. He will also report promptly every change of address.

RETURN OF THE HOSPITAL CORPS

413. This return will be rendered bimonthly in time of peace, upon Form 47 (for the periods ending January 31, March 31, May 31, July 31, September 30, and November 30, respectively), and monthly in time of war, upon Form 47*a*, by the immediate commanding officer of every Medical Department organization or detachment of the Hospital Corps, and will be forwarded through the chief surgeon to the Surgeon-General, or in the case of independent posts or commands direct to the Surgeon-General, within five days after the close of its period. A final return will be made upon the breaking up of each such organization or detachment, and will be similarly forwarded within five days thereafter.

(a) The chief surgeon will promptly examine the return, will have the responsible officer correct any errors found therein, will take such memoranda therefrom as he may require, and will without delay transmit it by informal indorsement (e. g., dating stamp) to the Surgeon-General.

REPORT OF MEDICAL DEPARTMENT PASSENGERS ON TRANSPORTS

414. Medical superintendents of the army transport service, on the day following the arrival or sailing of a transport, will forward direct to the Surgeon-General a passenger list of the personnel of the Medical Department aboard the vessel.

SANITARY REPORT

415. The sanitary reports called for by Army Regulations constitute a record of the sanitary conditions of a post or command month by month, and should be complete either in themselves or by reference. A duplicate of each report will be retained with the medical records of the post or command. At every permanent post a résumé of the various subjects of the report will be entered each month under the appropriate headings in the medical history of the post. (See par. 472.)

(a) Important changes in sanitary conditions occurring during the month will be fully described in the monthly report, Form 50. When, however, there has been no important change it will not be necessary to report in full under each heading of the form. In that case a general statement under each heading should be made, referring to the previous reports by date which contain more extended information on the subject. (See pars. 245 and 246.)

(b) While the monthly sanitary reports are commonly used as the form of communication for suggestions requiring administrative action, the medical officer may, if he desires, make important recommendations the subject of a special sanitary report. The fact that such a special report has been rendered will be referred to on the next monthly sanitary report with a brief note as to its contents. (See par. 178.)

REGISTER AND REPORT OF SICK AND WOUNDED

THE REGISTER

416. A full record of the sick and wounded of every military post or station and separate command which is attended by a medical officer or private physician (except stations for slightly wounded) will be made on register cards, Form 52. These cards collectively constitute the register of patients, and a case carded on them is said to be on the register.

(a) The commanding officer will provide the surgeon with any information the latter may not have which is necessary for preparing and completing the register.

417. The registers of ambulance companies, transport columns, hospital trains, and hospital ships will ordinarily take up only cases occurring among the personnel of these organizations, respectively, and will not take up the sick and wounded of other commands received from the firing line or elsewhere in the course of transfer to the rear. But the Surgeon-General may in the case of hospital ships employed in long voyages or as base hospitals require their registers to include all cases of sick and wounded aboard. Stations for slightly wounded, being transient organizations on the battlefield, will not be required to keep registers. Subject to these qualifications, a register card will be made:

(a) For every person admitted to the hospital for treatment.

(b) For every officer and enlisted man with the command who, though not admitted to the hospital, is excused on account of sickness or injury from the performance of his military duty, or of some part of it, such as attendance on certain calls, drills, target practice, mounted duty, etc.

(c) For every officer and enlisted man with the command who, though not excused from duty, is prescribed for, if his disability is of such a character as to have a probable bearing on his subsequent medical history.

(d) For every officer and enlisted man with the command, not currently on the register, who is retired or discharged for disability, or dies.

(e) For every officer and enlisted man with the command, not currently on the register, who is sent to another station or command for observation or treatment.

(f) For every officer with the command, not currently on the register, who departs from the command on sick leave.

(g) For every officer and enlisted man whose case is received by transfer conformably to the provisions of paragraphs 264 to 267.

(h) For every retired officer, retired soldier, former officer, or former soldier with the command but not in the hospital who dies.

418. Except as required by paragraph 417, a case prescribed for but not admitted to hospital or excused from duty will not be registered.

419. Cases under treatment by the dentist will be entered on the register of sick and wounded only when such entry is required by the provisions of paragraph 417.

420. When an officer or soldier sick in hospital is retired from active service, wholly retired from service, dismissed, or discharged, his case as an officer or soldier will be closed (par. 439), and a new

card made for it covering his continuance in hospital under his new status.

(a) If an applicant for enlistment sick in hospital is sworn in as a soldier, his case as a civilian will be closed and a new card made for his case as a soldier.

(b) Appropriate cross references from the old to the new cards, and vice versa, will be made in these cases.

421. The register cards will be made day by day as the cases are taken up (see pars. 256*a*, 257*b*, and 261*b*). They will be kept in two files, the current file and the permanent file.

(a) The current file will consist of the register cards of uncompleted cases arranged in dictionary order according to the surnames of the patients. It constitutes a ready index to all cases currently on the register. Cards will be transferred from the current file to the permanent file immediately upon their completion and the preparation of their report cards. (See par. 260.)

(b) The permanent file will comprise all the register cards of completed cases. The cards therein will be filed in the serial order of their register numbers.

(c) A card index to the register will be kept on Form 52*a*, one index card for each individual patient whose name appears in the register. If blanks of Form 52*a* are not at hand, the register card, Form 52, may be adapted to the purpose, using spaces 1, 2, 3, 4, 5, and 10 only. When a register card is started and its number determined (par. 260) the index will be searched for previous admissions of the patient. If an index card for the patient is found, the new number will be entered thereon, and the number of the last previous admission will be noted on the new register card (par. 432). If no index card for the patient is found, one will be at once prepared. The index cards will be filed alphabetically in dictionary order according to the surnames of the patients.

422. Cases taken up on register cards should be borne thereon until finally disposed of. (See par. 439.)

423. The cards will be legibly written in indelible black ink, using the typewriter when practicable, the black record ribbon being preferred.

(a) Entries must not be crowded. When the space provided on the front of the card under any heading is not sufficient to complete an entry thereunder, the record thereof will be continued on the back of the card, or, if still more space is required, upon an extension slip. The extension slip must be of the same size as the card, and be pasted to the lower margin of the back of the card, using about one-half an inch for the seam; this will place the seam at the top of the card when the latter is filed. When an entry is continued its two

parts should be connected by cross references, using a small letter in parenthesis, thus, (a), so that the record can be readily followed.

424. The senior medical officer is responsible for the correctness and safe-keeping of the register. He will sign or initial all register cards completed during the period of his responsibility; but at general hospitals or brigade posts, or when specially authorized by the Surgeon-General, he may designate one or more junior medical officers to sign or initial them, preferably in each case the officer in attendance thereon.

(a) When, in the absence of a medical officer, the command is attended by a private physician, he will sign the cards for the cases completed under his care.

425. Alterations and additions when necessary to correct or complete the record may be made in the register cards of uncompleted cases at the discretion of the senior medical officer of the command for the time being. A change of diagnosis will be indicated in the space "complication, seq., etc.," giving the date of the change, and the original entry under "cause of admission" will not be disturbed. A change of diagnosis in such cases requires no authentication, as its date places the responsibility for it. Other changes should be authenticated by the initials of the officer who makes them. (See par. 263.)

(a) Alterations and additions to the register cards of completed cases may be made in like manner by the medical officer who was responsible for the card at the time it was completed if he is still the senior medical officer of the command. If he has been superseded the card will not be changed, but a successor who concludes, upon information received, that the card is erroneous in any particular may file a supplemental card therewith of the same size as the register card, indicating thereon such conclusion and the information or reasons upon which it is based. The supplemental card should be headed "Supplemental card, No. —," inserting the register number of the register card, and should be dated and signed by the officer filing it. A cross reference to the supplemental card identifying it by its date may appear upon the register card, but it shall be a reference only, thus, "See supplemental card dated —," and contain none of the matter recorded on the supplement. (See pars. 459, 460, and 461.)

DIRECTIONS FOR PREPARING REGISTER CARDS

(See pars. 256 to 263)

426. *Name*.—Name should be correctly and legibly written. Initial letters or abbreviations may be used for middle names only.

427. *Rank, company, and regiment or staff corps*.—The usual abbreviations may be employed.

(a) Changes in the patient's rank, company, and regiment or corps while his case is current on the register will be recorded in this space, giving dates of changes.

(b) If the patients are military convicts, discharged soldiers, applicants for enlistment, or members of the organized militia, those facts respectively will be set forth on their cards under this heading, giving in the case of former soldiers (including convicts) the organization to which they last belonged, and in the case of militiamen their militia organization. Other civilians should be designated simply as civilians.

428. Age, years.—The age at birthday nearest to date admitted is required.

429. Race.—Use "W.," "C.," "F.," "P. R.," "I.," meaning "white," "colored," "Filipino," "Porto Rican," or "Indian."

430. Nativity.—Place of birth; give State if a native; country, if foreign. Usual abbreviations.

431. Service, years.—Give length of service, to date of admission, in years and fractions thereof, whether continuous or not.

432. Register No.—Every card will have a number for convenience of reference. These numbers will be consecutive, and will be carried forward indefinitely. In order that the medical history of a patient may be more readily traced, his last previous register number, if he has previously had a register card at the post, should be entered immediately before his current number.

(a) So long as a field command, attended by a medical officer or private physician, is unattached to a permanent station, or its hospital or infirmary is not discontinued by consolidation with that of another command, its register cards should be numbered continuously without regard to the various changes of its location.

433. Date of admission.—Under date of admission give the day, month, and year the case is taken up. Figures should not be used to designate the month.

434. Source of admission.—Indicate in this space the place from which the patient was immediately received. Officers and enlisted men of the command and casualties therewith are generally admitted *from command*, but may be *from desertion*, etc. Wounded arriving at field or evacuation hospitals with diagnosis tags affixed at first-aid stations, dressing stations, stations for slightly wounded, or elsewhere on the field should be recorded as admitted from the battlefield, naming it. (See par. 264.)

(a) In the case of a patient received by transfer from another hospital or command (pars. 264 to 267) the name of such hospital or command will be given, with the date of the original entry of the case and its register number on the register thereof if known.

(b) The following additional notations will be made in parentheses in this space:

1. In cases taken up under section *c*, paragraph 417—(Carded for record only; prescribed for but not excused from duty).

2. In cases taken up under section *d*—(Carded for record only; not currently on the register).

3. In cases taken up under section *e*—(Carded for transfer only; on full duty while with command.)

4. In cases taken up under section *f*—(Carded for record of sick leave only; on full duty while with command).

435. Cause of admission.—Give the name of the disease and its location if it is localized; or in case of injury, its cause, location, character, and severity, with the attending circumstances, date of occurrence, and nature of missile, weapon, or other producing agent. When the patient has two or more diseases or injuries at the time of admission, each of them will be recorded under this head. Should the original disability, or if there is more than one, should any of them, be cured before the final disposition of the patient, the fact and date of such cure will also be stated in this space. In the case of a patient received by transfer the diagnosis made at the receiving hospital will be recorded. If this diagnosis differs from that on the transfer card the additional entry will be made, "Diagnosis on transfer card not concurred in." (See par. 444.)

436. The place of treatment, quarters or hospital, and the dates of changes from the one to the other, will be indicated in the cause of admission space. (See par. 563*b*.)

437. In line of duty.—Herein will be recorded the opinion of the medical officer, based on a full consideration of all the facts, as to whether the disease or injury was incurred in the line of duty. If the patient has two or more diseases or injuries at the time of admission, an opinion as to line of duty will be separately recorded for each. In forming and recording his opinion on this point the medical officer will be guided by the following instructions:

(a) All diseases contracted or injuries received while an officer or enlisted man is in the military service of the United States may be assumed to have occurred in the line of duty, unless the surgeon knows: First, that the disease or injury existed before entering the service; second, that it was contracted while absent from duty on furlough or without permission; or, third, that it occurred in consequence of willful neglect or immoral conduct of the man himself.

(b) When a soldier is disabled while on pass, or in confinement, the question of line of duty must be determined by the circumstances attending the incurrence of the disability, but the fact of being on pass or in confinement should be stated.

(c) When a medical officer expresses the opinion that an injury occurring during athletic sports, properly indulged in, was received in the line of duty, the opinion is accepted by the Surgeon-General as satisfactory and final.

(d) In all cases in which the opinion is expressed by "no," and in cases of venereal diseases by "yes," the circumstances attending the incidence of the disability, and on which the opinion is based, should be stated under the diagnosis.

438. *Complication, seq., etc.*—Herein will be recorded complications and intercurrent diseases appearing subsequent to admission, surgical operations, and changes of diagnosis. The date will be given in each instance.

(a) When the intercurrent disability subsequently appearing is in no way dependent on the primary affection, the medical officer will record in this space his opinion as to whether it originated in the line of duty, with such explanatory remarks as may be necessary. Should it be cured before the final disposition of the patient the fact and date of cure will also be recorded here.

(b) Upon recording a change of diagnosis the medical officer will also record in this space his opinion whether the disability as diagnosed by him originated in the line of duty, with appropriate explanatory remarks when necessary.

(c) In recording a surgical operation its character will be briefly described, using as far as practicable the commonly accepted name for it. The word "operation" alone is not sufficient.

439. *Disposition.*—Herein record the completion of the case by entry specifying the method of its completion. Return to duty is ordinarily a completion of the case, but will not be so regarded in cases registered under the provisions of paragraph 417c. Transfer to another hospital (par. 264) completes the case on the medical records of the transferring hospital or command. Cases of officers and soldiers are completed by any change in their military status which separates them from the active list of the Army, such as death, desertion, capture, retirement, resignation, dismissal, or discharge from the service (see par. 420). Cases of officers and enlisted men on the retired lists, and of civilians, registered upon their admission to hospital conformably to the provisions of paragraph 417a, are completed so far as the register is concerned by their departure from hospital.

(a) When a patient departs from the command or hospital on leave (including a patient registered under the provisions of par. 417f) or furlough his card will be completed by appropriate record of such departure, with a statement as to whether the cure was complete or not. Should he resume the status of sick upon his return from leave or furlough his case will be registered anew.

(b) Register cards made for record under paragraph 417c should be completed upon the conclusion of continuous treatment by entry under this head showing the fact and date of such conclusion. Should treatment subsequently be resumed a new card will be made if required under the general rule.

(c) Cases of death, and of retirement or discharge for disability, carded under the provisions of paragraph 417d, will be completed at once by entry in this space specifying the nature of the casualty.

(d) In case of death, the fact of death, the general, determining, and all contributing causes of the death, and the result of the autopsy, if one was held, will be recorded in this space; also a statement whether the cause of death originated in the service and in the line of duty, with an explanation of the circumstances upon which the opinion if negative is based. Should the cause of death in any case be unknown, a brief note of such circumstances as may throw light upon the subject will be entered. In case of suicide the cause or causes which led to the act will be stated.

(e) In case of retirement or discharge on account of wounds or disease, the fact of retirement or discharge on such account, and the cause and the degree of the disability, will be recorded under this head. If the cause was some other disability than that for which the patient was admitted, it should be stated whether it originated in the line of duty. When the opinion expressed is "no," the circumstances attending the incidence of the disability, and on which the negative opinion is based, should be recorded.

(f) The cases of patients who are retired from active service, or wholly retired or discharged from the service, by order, sentence, operation of law, or expiration of term, should be completed by entry specifying such fact; and a statement should be made of the degree of disability due to the complaint for which the individual was under treatment at the time of his separation from the service, unless it was unquestionably not received in the line of duty.

(g) The cases of officer patients who depart from the hospital or command in obedience to orders to proceed to their homes and await retirement will be completed upon such departure by recording the fact thereof and its date.

(h) When the disease or injury causing death or discharge has been aggravated by the willful and persistent refusal of the patient to submit to such reasonable restrictions, methods of treatment, or surgical operations as would, in the opinion of the medical officer, have conduced to the cure or to the lessening of the disability, the fact should be noted.

(i) When a patient is returned to duty the entry "duty" will suffice, the cure being assumed to be complete unless a statement to the contrary is entered.

(j) In case of transfer to another hospital or command the specific destination of the patient should be stated.

(k) Desertion is final disposition of the case and the card should be completed accordingly. Should the deserter come again under military control and resume the status of sick, a new card will be made for him as for a new case, conformably to the general rule.

(l) Cases of wounded who are sent from the firing line or first-aid stations to dressing stations, stations for slightly wounded, field hospitals, etc., will be completed on the regimental register as "sent to the rear." In the cases of those who die en route before reaching hospital (as shown by the diagnosis tags), the additional entry "died en route," with date of death, will be made.

440. Date of disposition.—Give day, month, and year of disposition. Figures should not be used to designate months. In all cases of discharge on certificate of disability the date of discharge as given in the letter of notification from the adjutant will be recorded.

441. Name of hospital, etc.—Enter in this space on every register card the designation of the hospital, establishment, or organization to which the register pertains, and its location or locations during the period covered by the card. Spaces 19 and 20 ("Sent with report of S. & W. for the month of———" and "from") need not be filled out on the register card.

442. Classification.—Spaces 22, 23, 24, and 25, at the bottom of the face of the card, are for the use of the Surgeon-General's Office only, and will not be filled out on the register or report cards. (See par. 458.)

443. Space 26, "Days of treatment in current case," on back of card, will be filled out month by month on the register card, extending the table as may be necessary for cases remaining from one year to another.

NOMENCLATURE OF DISEASES AND RULES FOR RECORDING DISABILITIES

444. Diseases and injuries will be recorded on the register under such terms, commonly used by the profession, as will briefly and accurately describe them. The nomenclature used in the "International Classification of Causes of Sickness and Death," published by the Census Office, is preferred. The following special requirements will be observed:

(a) Pathological lesions should be recorded rather than their symptoms.

(b) In all cases in which the cause of admission is a local manifestation of a general affection, the character and locality of the one and the nature of the other should be stated.

(c) The organ or part affected should be specified when the name of the morbid condition fails to indicate it, as in paralysis, aneurism,

ulcer, herpes, etc.; also in inflammations, as adenitis, osteitis, arthritis, synovitis, etc., and in local injuries, as abrasions, burns, contusions, dislocations, etc.

(d) Inflammations should be reported as acute or chronic.

(e) The term "heart disease" should not be recorded when the special affection can be determined.

(f) In pulmonary affections the lobe or lobes involved should be designated; also whether the disease is confined to the right or left or extends to both lungs. The complications of pleurisy should be particularly noted.

(g) Deviations from the normal in cases of impairment of vision or hearing should be ascertained and noted.

(h) In case of injury, its character, location, and severity should be stated, the date of its occurrence should be given, its cause should be noted, the nature of the missile, weapon, or other producing agent shown, and the circumstances attending its origin indicated. If it was accidental, that fact should appear. If it was intentional, the record should show whether it was judicial, homicidal, suicidal, self-inflicted, or otherwise, as the case may be. In gunshot wounds the points of entrance and exit of the missile and the parts implicated should be recorded.

(i) Fractures should be designated as simple, comminuted, compound, or complicated, the character of the complications being stated.

(j) The exact location, variety, and cause of hernia should be given, and when strangulated the condition and the means employed for relief.

(k) Diseases due to venereal contagion, the abuse of stimulants or narcotics, or to immoral practices should be so recorded.

(l) Distinction should be made between inflammations of venereal and nonvenereal origin, as in cases of balanitis, orchitis, bubo, etc., specifying the nature of the venereal cause and the causation in the nonvenereal cases.

(m) Distinction should also be made between the venereal ulcer known as chancroid and the hard chancre of primary syphilis.

(n) The terms "venereal warts," "venereal bubo," etc., are indefinite and should not be used. The lesion should be recorded and its specific cause stated.

(o) In cases of old injury constituting a cause of admission the original injury and the condition of the injured part at the date of current admission will be stated. If there is no record of the original injury in the register, record will also be made under this head of its date, place, and cause, and the circumstances attending it; but if the date, cause, etc., are given in the register for a previous admission, the same need not be repeated, but may be referred to as follows: "For date, etc., of original injury, see Reg. No. —."

(p) In all cases of poisoning the name of the poison should be given.

(q) Special notes should be made of cases of malingering or feigned diseases and of the means employed for their detection.

(r) When no diagnosis can be reached, the fact should be stated, together with the conditions which prevent the recognition of the disease or injury.

REPORT OF SICK AND WOUNDED

445. The report of sick and wounded comprises the report sheet (Form 51), the nominal check list (Form 51a), and the report cards (Form 52). The report sheet provides for general information and numerical tabulations concerning the command and the civilians therewith; the nominal check list for a chronological list of cases registered; and the report cards for details of the several cases.

446. This report (one copy only) is required monthly from every military post and separate command which is attended by a medical officer or private physician. It will be rendered separately for regular and volunteer troops, that of regulars to embrace all data pertaining to civilians. It will be forwarded before the fifth day of the next succeeding month, from general hospitals and other independent posts and commands direct to the Surgeon-General (unless otherwise ordered by him), and from other organizations and hospitals to the chief surgeon for transmittal to the Surgeon-General. A duplicate of the report sheet and of the nominal list will be retained with the medical records of the post or command.

(a) When a hospital or infirmary is closed or a command is discontinued, a report covering the unreported period of service, giving the beginning and the end thereof, will in like manner be forwarded within five days thereafter.

(b) If there has been no case on sick report, either remaining from last report or admitted during the month, the report of sick and wounded will nevertheless be forwarded. It will give the name and strength of the command, etc., with such remarks as may be deemed of interest to the chief surgeon or the Surgeon-General.

(c) The senior medical officer will fill in and sign the certificate at the foot of the first page of the report sheet. He will also initial the report cards; but at general hospitals or brigade posts, or when specially authorized by the Surgeon-General, he may designate one or more junior medical officers to initial them, preferably in each case the officer in attendance thereon. If in the absence of a medical officer a civilian physician is employed to attend the command, he will sign and initial. If there is neither medical officer nor attending physician with the command when the report is to be made, the officer in charge of the property of the hospital will make the report over his own signature and initial the cards.

447. Reports of sick and wounded received by chief surgeons will be disposed of as follows:

(a) The chief surgeon of a territorial department not under the supervision of the chief surgeon of a territorial division will promptly subject the sheet, list, and cards to a critical examination, and take such memoranda therefrom as he may need for the purposes of his office. (See par. 369*t*.) Should he find the papers correct, he will forward them at once by informal indorsement (e. g., dating stamp) on the report sheet to the Surgeon-General. Should he find any errors therein, he will immediately by letter or information slip to the responsible surgeon call attention to the same and direct the necessary action for their correction. He will not, however, detain the papers in his office awaiting correction, but will as in the other event forward them at once to the Surgeon-General in like manner, with a copy of his letter in the premises. The surgeon should reply to the chief surgeon's letter by indorsement thereon. (See also pars. 459, 460, and 461.) After the reply has been noted by the chief surgeon it will be forwarded without delay to the Surgeon-General.

(b) The chief surgeon of a territorial department under the supervision of the chief surgeon of a territorial division will promptly take from the report such memoranda as he may need for the purposes of his office and will at once forward it with the accompanying papers, by informal indorsement, without detention for further examination, to the chief surgeon of the division. The chief surgeon of the division will take the same action on reports so received by him as that prescribed in section *a* for the chief surgeon of a territorial department not under the supervision of the chief surgeon of a territorial division.

(c) The chief surgeon of a tactical division or of the line of communications of a field army will promptly take from the report such memoranda as he may need and at once forward it with its papers to the chief surgeon of the field army, whose action in relation thereto will correspond with that prescribed in section *b* for the chief surgeon of a territorial division.

448. Entries on the report sheet, nominal check list, and report cards should be plainly and carefully written, using permanent black ink; they should be made with the typewriter, when possible, the black record ribbon being preferred. Alterations should in every instance be authenticated by the initials of the officer or physician who signs the report and initials the report cards respectively. For rules for the correction of erroneous report cards after their rendition see paragraphs 459, 460, and 461.

449. The designation of the hospital or organization, with its location on the last day covered by the report, will be shown under the appropriate heading on the report sheet. The designation of a hospital should clearly distinguish it from other hospitals.

450. Under the heading "Command" will be specified the companies and detachments composing it on the last day covered by the report, together with the brigade, tactical division, and field army, or territorial department or division of which it forms a part.

(a) Under the same heading in the space provided therefor important variations in the general composition of the command will be shown, such as the arrival and departure of companies, giving the dates thereof, respectively, and the names of accompanying medical officers.

(b) In the case of commands in the field, record will be made in this space of the locations of the principal camps occupied during the period of the report, with the dates of arrival at and departure from each.

(c) When a hospital is opened or closed or an organization discontinued during the period of the report, the fact and date thereof should be recorded and the orders directing it be cited.

451. The mean strength of the command for the period covered by the report will be computed as follows: The totals of strength for each day of the period noted by the adjutant in the surgeon's morning reports of sick, Form 71, will be added together by heads or items (officers, white enlisted men, colored enlisted men, etc., separately), and divided by the number of days constituting the period. The quotients are the mean strength by items, and their sum is the total mean strength.

(a) The foregoing is the rule for commands which are intact. When, however, a part of the command is on field or detached service accompanied by a medical officer, who will himself conformably to these regulations render a report of sick and wounded, appropriate deduction should be made in computing the strength at the main or permanent station. Conversely, when the sick and injured among troops, not accompanied by a medical officer, which are in the vicinity of the command but are not properly a part of it, are habitually admitted to its hospital or infirmary, or taken up on its register, appropriate addition to the strength of command should be made.

(b) The mean strength of Medical Department organizations, such as general hospitals, base hospitals, evacuation hospitals, field hospitals, hospital trains, and hospital ships will include the personnel of such organizations only; it will not include the sick and wounded therewith who were admitted by transfer (except sick and wounded personnel readmitted by transfer), or the strength of the commands from which such transferred cases came or to which they belong.

452. The numerical statement will show the number of patients remaining under treatment at the date of last report and the number admitted from all sources, the aggregate of these being accounted for as completed cases and as cases remaining in hospital, in quarters,

and absent at date. The completed cases comprise those terminated by return to duty, death, discharge from the service, retirement for disability or by operation of law, desertion, transfer to other commands, etc. Deaths, and retirements and discharges for disability, occurring among officers and soldiers not on the register, will be tabulated above the line and in the proper space. The numerical statement will show also the aggregate number of days lost from sickness in any one month by officers and soldiers in hospital, in quarters, and absent, and should include all days lost during the month by such cases without regard to whether they were remaining from the previous month or were admitted during the month. Below the data for soldiers will be shown those for military convicts and other civilians who are treated in hospital or die.

453. The civilian population will be tabulated in the proper space, showing separately the number of men, women, and children with the command, and the number of cases of sickness and injury among them, respectively.

(a) Discharged soldiers (including military convicts), applicants accepted for enlistment in the Army but not yet sworn in, and members of the organized militia not mustered into the service of the United States, all have the status of civilians while under treatment in army hospitals or with army commands.

454. All births and marriages occurring at the post or with the command and all deaths among civilians with the command will be recorded under the heading "Births, marriages, and deaths." The record of birth will give the date of birth, the sex, and name of the child, the name, rank, etc., of the father, or, if a civilian, his occupation, the maiden name of the mother, and whether the child is the first or second, etc., of the marriage. The record of marriage will give the date of the marriage, the name, age, birthplace, and rank, etc., or occupation of the groom, and the name, age, and birthplace of the bride. The record of death will show the date of the death, the name, sex, and age of the deceased, and the cause of death.

455. The nominal check list will accompany the report sheet and report cards. The list for January in each year will give in sequence of register numbers the names, etc., of all patients, military or civilian, remaining from the previous year, and of all registered during the month. The list for any subsequent month will give in like sequence the names, etc., of patients registered during the month, omitting the names of those remaining from the previous month. When no case is brought forward from the previous year and none is registered during January, no list is required for January. When no case is registered during any subsequent month, no list is required for that month.

456. A report card for every case registered during the month will be forwarded with the monthly report sheet. If the case is not

completed until a subsequent month, a second report card will be forwarded with the report sheet for the month during which it is completed. With the report sheet for December, report cards will be forwarded also for all cases remaining December 31 which were registered previous to December. The report card will be a full and exact transcript of its register card as the latter stands on the last day covered by the report, including the entries in spaces 18 and 26. It will in addition contain the entries called for by paragraph 457.

457. Space 19, "Sent with report of S. & W. for month of ———," will be filled out on all report cards. Space 20 will be filled out on the report cards from mobile or field commands, hospitals, or organizations, as follows: After the word "from" will be noted the location of the hospital or organization on the last day covered by the report if it is different from the location given in space 18 under paragraph 441; if, however, the location on the last day is the same as that given in space 18, then the word "same" will be entered in space 20. Space 20 need not be filled out on the report cards from a post or hospital which is permanently located in one place.

458. The upper and lower margins on the front of the report card and the upper margin on the back should be left blank. See also paragraph 442.

CORRECTIONS OF AND ADDITIONS TO REPORT CARDS AFTER THEIR RENDITION

459. When the diagnosis is changed or a complication or intercurrent disability is noted on the register card of a remaining case, before its completion (par. 425) and after the first report card of the case has been forwarded, the Surgeon-General will be immediately notified thereof by information slip sent through the same channel through which the report was forwarded. The advice will give the new matter to be added, together with the date of the change or of the appearance of the complication or intercurrent disability.

460. When other corrections or alterations are made in the register card of a remaining case before its completion and after the first report card of the case has been forwarded, a new card, signed by the senior medical officer, marked "Correction card," indicating plainly what the corrections or alterations are (each of which will be initialed by the responsible officer), will be forwarded with the next ensuing monthly report: *Provided*, That when the case is completed upon the next ensuing monthly report the card required for the completion of the case under paragraph 456 will be sufficient and a separate correction card will not be forwarded.

461. When the register card of a completed case is altered under paragraph 425*a* after its final report card has been rendered, a cor-

rection card signed by the senior medical officer, showing plainly all the alterations, each of which will be authenticated by the initials of the responsible officer, will be immediately forwarded to the Surgeon-General through the usual channel. When a supplemental card is filed with the register card of a completed case conformably to paragraph 425*a*, a full and exact copy thereof giving the register number and marked "Transcript of supplemental card" in space 10 will be at once forwarded likewise.

CLINICAL RECORD

462. A treatment sheet, Form 55, will be made out for every patient in hospital (see par. 257*c*) under the ward surgeon's direction by the wardmaster or nurse in charge of the case. The treatment sheet constitutes the record of the case while it continues in the ward. It should give details of the condition and treatment of the patient noted currently during the progress of the case, except as indicated in paragraph 463. Additional treatment sheets will be used if required. Upon completion of the case or other departure of the patient from ward the treatment sheets will be fastened together at the upper left-hand corner, and a brief of the same will be made on the last sheet, which will be signed by the ward surgeon.

(*a*) In case of transfer of the patient from one ward of the hospital to another, the treatment sheet will be sent with him to the new ward, where a new sheet will be begun. The new sheet will show admission of the case by transfer from the old ward and will be continued in other respects as for a new admission to hospital.

(*b*) Upon completion of the case, or other departure of the patient from hospital, all the treatment sheets will be forwarded to the hospital office with the next ward morning report of the ward where the case is completed or whence the patient departs.

(*c*) The directions of the attending physician, changes of diagnosis, and the appearance of complications or sequelæ in a ward case should be noted without delay upon the treatment sheet in the column of "Remarks."

463. In severe or protracted hospital cases the history sheet, Form 55*b*, and the progress sheet, Form 55*c*, will also be used, and the temperature chart, Form 55*a*, if required. They are supplementary to the treatment sheet, and will accompany it as enclosures. When any of these sheets are used data entered on them may be omitted from the treatment sheet, a note being made on the latter explaining where the missing data are to be found.

(*a*) The temperature chart shows diagrammatically the range of temperature, pulse, and respiration. It will be kept by the nurse or wardmaster.

(b) The history sheet, kept by the attending physician, is intended to give a concise account of the family history and previous illness of the patient and a statement of the essential facts of his present illness, including his condition on entrance into the hospital. The diagnosis, when it is established, will be noted on this sheet; and upon leaving hospital a statement will be made as to the patient's physical condition, particularly with regard to permanence of disability. The exact location of the disease or injury when not otherwise plainly shown will be delineated upon the figures on the back of the history sheet.

(c) The progress sheet is a continuation of the history sheet, and is designed in addition for notes by the attending physician giving a concise but full account of the progress of the case while the patient is under treatment. Operations should be here recorded; also the results of physical examinations made subsequent to admission when they are of importance, reports of laboratory examinations, reports of necropsies, and all facts which have any essential bearing on the case.

464. A similar clinical record should be kept at the discretion of the attending physician for all serious cases in quarters. Upon the discontinuance of treatment because of the completion of case or the patient's departure from post or command the record should be forwarded to the hospital office.

465. The clinical sheets constitute a part of the permanent medical records of the hospital and will be filed therewith. They will be folded in three folds, with the brief of the treatment sheet on the outside, and for easy reference will be filed in numerical sequence of register numbers. If not previously noted, the register numbers will be entered on the clinical sheets upon their receipt at the office.

SURGICAL REPORTS

466. Not later than two weeks after the close of the calendar year the surgeon of every permanent post within the jurisdiction of the commander of a territorial department in the United States will forward to the chief surgeon thereof a surgical report on Form 58 exhibiting the important surgical operations performed at that post on officers and soldiers during the preceding year, and a separate surgical report of the operations on civilians. All operations of sufficient importance to require record in the register of patients will be reported.

(a) The operations will be grouped on these reports under separate headings according to the classification employed in the table of surgical operations appearing in the last preceding annual report of the Surgeon-General, unless he shall otherwise direct. The report will exhibit the following data: (1) Name of the operation; (2)

disease or injury for which performed; (3) number of cases of such operation; (4) the result, showing whether the operation was successful or partially successful, whether it failed, or the patient died; and (5) the anesthetic employed. An operation will be recorded as successful when the object sought is accomplished and the patient recovers; it will be recorded as partially successful when the object sought is partially accomplished and the patient recovers; it will be recorded as a failure when the object sought is not accomplished and the patient recovers from the operation, regardless of whether he eventually dies from his original disease or injury. The result will be recorded in the "Died" column only when the patient dies while undergoing the operation or from its proximate effects.

(b) More complete reports will be made of any operations of unusual interest.

467. Similar reports will be made from general hospitals, recruit depots, and other independent posts in the United States direct to the Surgeon-General; and from all posts in the Philippines Division to the chief surgeon of the division. The operations on Filipino scouts will be reported separately from those on officers and soldiers, and those on civilians.

468. Chief surgeons will consolidate the reports received by them (separate consolidations being made, first, for officers and soldiers, second, for civilians, and third, for Filipino scouts) and forward the consolidated reports direct to the Surgeon-General with their annual reports (par. 375). The original reports received from posts will be forwarded with the chief surgeon's consolidated reports.

SPECIAL REPORTS AND ARTICLES FOR PUBLICATION

469. When a medical or surgical case presents unusual or interesting features a special report of the same will be forwarded by the attending surgeon, through medical channels, to the Surgeon-General. Copies of the clinical sheets (pars. 462, 463, and 464) should be forwarded therewith.

470. Special reports are invited on other medical, surgical, and sanitary subjects which appear to merit their preparation. When they involve only professional interests they should be forwarded, through medical channels, to the Surgeon-General.

471. Medical officers will not publish professional papers requiring reference to official records or to experience gained in the discharge of their official duties without the previous authority of the Surgeon-General.

MEDICAL HISTORY OF POST

472. A medical history of every permanent post will be kept by the surgeon in a book furnished by the Surgeon-General (Form 69). The entries therein will be made by subjects under appropriate head-

ings as indicated in the printed index. Additional headings will be inserted as occasion requires. The notations required by Army Regulations concerning the sanitary condition of the public buildings, the drainage, the sewerage, the amount and quality of the water supply, the clothing and habits of the men, and the character and cooking of the food, and the prescribed record of the official indorsements on sanitary reports, will invariably be made therein. Record will particularly be made also of the character and causes of the prevailing diseases, and of the measures taken to prevent them; of important events in the history of the post; of important changes in the composition of the command; and of other data of general interest reported on the monthly reports of sick and wounded, such as the mean strength of command, the numerical report of sick for the month, the civil population and their sickness for the month, and births, marriages, and deaths occurring on the reservation.

473. The entries in every case will be written plainly in black ink by pen. Carbon or other copies of sanitary reports and report sheets of sick and wounded will not be pasted in the medical history.

474. The record of birth will give the date of birth, the sex and name of the child, the name, rank, etc., of the father, or, if a civilian, his occupation, the maiden name of the mother, and whether the child is the first or second, etc., of the marriage. The record of marriage will give the date of the marriage, the name, age, birthplace, and rank, etc., or occupation of the groom, and the name, age, and birthplace of the bride. The record of death will show the date of the death, the name, sex, age, rank, etc., of the deceased, and the cause of death.

REGISTER OF DENTAL PATIENTS AND REPORT OF DENTAL WORK

475. A register of dental patients will be kept on cards, Form 79, at every post or station attended by a member of the Dental Corps.

476. The case of every officer and enlisted man of the Army who is treated by the dentist will be entered in the register, a separate card being made for each period of continuous treatment. Upon the conclusion of continuous treatment in any case its card will be closed by appropriate entry in the "Results" column.

(a) Should it become necessary to discontinue work on a case on account of the dentist's departure from the station the case will be closed on the card, making a record of the status of the work in the "Results" column.

(b) If an officer or soldier previously on the register, i. e., for whom a closed dental card is on file, should begin a new course of treatment, whether for the dental disabilities formerly treated or otherwise, a new card will be made for the new course of treatment.

477. The dental cards in the several cases will be made day by day as the treatments begin. They will be kept in two files, each arranged in dictionary order according to the surnames of the patients—the current file, and the permanent file. The current file will consist of the cards of all uncompleted cases and the completed cards in current use for the preparation of the next report of dental work. Cards will be transferred from the current file to the permanent file immediately following their completion and the preparation of the ensuing report of dental work.

478. The cards will be legibly written in indelible black ink, by pen or typewriter as may be most convenient. The entries will not be crowded. Extended entries, when necessary, may be made in the manner indicated in paragraph 423a.

479. The dentist will sign or initial all dental cards covering treatments given or concluded by him. Alterations will be authenticated by him by his initials.

480. The nomenclature given on page 2 of the monthly report of dental work (Form 57) will be employed so far as applicable in recording dental and oral diseases and injuries.

481. To effect economy of space and insure uniformity of records, abbreviated entries are prescribed as indicated in the following tables:

CLASSIFICATION OF THE TEETH

- | | |
|-------------------------------|--------------------------------|
| 1. Superior central incisors. | 9. Inferior central incisors. |
| 2. Superior lateral incisors. | 10. Inferior lateral incisors. |
| 3. Superior cuspids. | 11. Inferior cuspids. |
| 4. Superior first bicuspid. | 12. Inferior first bicuspid. |
| 5. Superior second bicuspid. | 13. Inferior second bicuspid. |
| 6. Superior first molars. | 14. Inferior first molars. |
| 7. Superior second molars. | 15. Inferior second molars. |
| 8. Superior third molars. | 16. Inferior third molars. |

NOTE.—In designating the teeth, and in recording all operations upon them, the dental surgeon will indicate the tooth by the above plan, using the letters R and L to designate the right and left sides, and the figures 1, 2, 3, etc., to designate the teeth.

Examples.—R 1, right superior central incisor; L 14, left inferior first molar.

CLASSIFICATION OF CAVITIES

Simple cavities on exposed surfaces.

Incisors and cuspids:

- A. Labial.
- B. Lingual.
- C. Morsal.

Bicuspid and molars:

- D. Morsal.
- E. Buccal.
- F. Lingual.

Simple approximate cavities.

Incisors and cuspids:

- G. Mesial.
- H. Distal.

Bicuspid and molars:

- I. Mesial.
- J. Distal.

Compound cavities.

Incisors and cuspids:

K. Mesio-labial.
 L. Disto-labial.
 M. Mesio-lingual.
 N. Disto-lingual.
 O. Mesio-morsal.
 P. Disto-morsal.
 Q. Mesio-disto-morsal.

Bicuspid and molars:

R. Mesio-morsal.
 S. Disto-morsal.
 T. Morso-buccal.
 U. Morso-lingual.
 V. Mesio-disto-morsal.
 W. Bucco-linguo-morsal.

NOTE.—In recording all operations of filling the teeth, the cavity will be described by the dental surgeon according to the preceding classification, using the letters A, B, C, etc., to designate its location.

Examples.—A, simple cavity in labial surface of an incisor or cuspid tooth; I, simple cavity in mesial surface of a bicuspid or a molar; V, compound cavity in mesial, distal, and morsal surfaces of a bicuspid or a molar.

CLASSIFICATION OF FILLING MATERIALS

Tin.

Amalgam.

Oxyphosphate.

Gutta-percha.

NOTE.—The kind of filling material employed will be indicated by using the first letter of the word designating that material.

Example.—R, S, V, A: Tooth, right superior second bicuspid; cavity, mesio-disto-morsal surfaces; filling material, amalgam.

If a combination filling is employed, it will be designated by the first letters of the words designating the materials used.

Example.—L, 7, S, G-O: Tooth, left superior second molar; cavity, disto-morsal surfaces; filling material, gutta-percha and oxyphosphate cement.

OTHER OPERATIONS AND ABBREVIATIONS

In recording operations made with gold the full word gold should be written out.

Other operations upon the teeth will be designated by a combination of letters, as follows:

Abscess lanced: A-L.

Calculus removed: C-R.

Gums lanced: G-L.

Pulp capped: P-C.

Pulp devitalized: P-D.

Pulp extirpated: P-E.

Root canal filled: R-F.

Tooth extracted: T-E.

Tooth treated: T-T.

Further treatment: F-T.

482. Details of cases will be carded as follows:

(a) Spaces 1 to 9 will be filled out in the manner prescribed for the register of patients (pars. 426 to 431).

(b) In space 10 the diagnosis will be recorded. One line should be taken for each morbid condition requiring treatment which is found when the case is first entered or which subsequently develops during the course of the treatment.

(c) The date, nature, and result (as, e. g., cured, improved, unimproved, successful, unsuccessful, or undetermined) of the treatment of each such condition will be entered in spaces 11 and 12, with such additional remarks in the latter space as may be appropriate.

483. A report of dental work is required monthly on Form 57 from every military post or command at or with which a member of

the Dental Corps has been on duty during the month. It will be made and signed by the dentist. If no patients have been treated during the month, the report, with a statement to that effect under "General Remarks," will nevertheless be rendered.

(a) The report will be forwarded, through medical channels, to the Surgeon-General, before the 5th day of the next succeeding month.

ARTICLE VIII.—SUPPLIES AND MATERIALS

GENERAL PROVISIONS

484. The supply table enumerates the medical supplies issued to the Army and the quantities and sizes of original packages. These supplies are selected for the military service, and it is believed that all necessary articles are included and that the quantities allowed will be found sufficient under ordinary circumstances. Requests for particular preparations simply because they are agreeable to the taste or save trouble in compounding will not be approved; nor will preparations of a drug be furnished when one or more practically equivalent ones are on the supply table. The Medical Department will supply, from time to time, new remedies of determined therapeutic value; but newly introduced remedies which offer no manifest advantage over those already issued, or which are desired only for experiment, will not be supplied.

(a) Medical officers are requested to communicate freely to the Surgeon-General any suggestions tending to the improvement of medical supplies, appliances, etc., and to make reports as to new designs of apparatus, field equipment, etc.

485. In preparing returns, requisitions, invoices, and receipts pertaining to medical and hospital supplies, the nomenclature, order of entry, classification, and weights and measures of the supply table will be followed. To facilitate the handling of these papers one line of writing only will be placed in each interlinear space. No letter of transmittal is required with them.

486. Medical officers in charge of medical supply depots will purchase and distribute medical and hospital supplies for the Army according to instructions given them from time to time by the Surgeon-General (see par. 380). Purchases at posts or by officers not in charge of supply depots (except prescriptions purchased under the provisions of Army Regulations, and antitoxins purchased under the authority indicated hereinafter in the supply table) will not usually be made without special authority from the Surgeon-General, or, in the Philippines Division, from the chief surgeon of the division. When the emergency is so great that there is not time to obtain special authority by mail through the regular channels, application therefor may be made direct by telegraph. When it is impracticable to telegraph, small quantities of articles immediately needed to save

life or prevent suffering and distress among the sick may be purchased without advance authority. Vouchers for such unauthorized purchases will be forwarded without delay; they must invariably be accompanied by a letter explaining why the necessary articles were not on hand, and what the circumstances were which did not admit of requiring for them in the regular way or of making telegraphic application for authority to purchase them. Timely action in requiring for supplies will as a rule obviate the necessity of telegraphic application or of unauthorized purchases.

(a) Purchase vouchers must be accompanied by one invoice of articles purchased, Form 12, a duplicate of which should be retained by the officer accountable for the property.

REQUISITIONS

POST MEDICAL SUPPLIES

487. Every requisition for post medical supplies, annual or special, will indicate the number of officers, enlisted men, and other persons to be supplied from the stores called for, and the number of the beds in the hospital.

488. Annual requisitions for post medical supplies will be prepared on Form 33, by the surgeon of every post and the commanding officer of every general hospital, for the year commencing January 1, April 1, July 1, or October 1, as may be determined by the Surgeon-General according to the location of the post or hospital.

(a) They will be forwarded, not less than 20 days before the beginning of the year, to the chief surgeon, in triplicate, or in the case of general hospitals and independent posts direct to the Surgeon-General in duplicate (except in the Philippines Division, where in such case they will be sent to the chief surgeon of the division).

(b) A copy of each requisition will be retained in the hospital files.

489. Articles of which a definite allowance is given on the supply table will be required for on the annual requisition except as otherwise provided in paragraph 499. No remark will be made opposite the name of any article that a special kind or special make or pattern is wanted, as the annual requisition is intended to include only such articles as are kept on hand in supply depots for issue, and not such as have to be specially purchased; the latter must be asked for when wanted on a special requisition.

(a) Only such quantities will be asked for as probably will be needed during the year, computed on the basis of original packages. Fractional parts of a bottle or package will not be asked for. The quantities asked for, plus the quantities on hand, must not exceed those specified in the table for the official population most nearly corresponding to that of the post or command. The quantity of each article on hand, as verified by a medical officer in accordance with

paragraph 522a, will be stated and will be deducted from the quantity allowed annually by the supply table (ignoring for the purpose of this deduction fractional parts of bottles and packages on hand) to ascertain the balance to be called for.

(b) Before forwarding an annual requisition it will be carefully examined and compared with the supply table to see that it has been correctly made out in strict accordance with these regulations and to avoid the delay that its return for correction will occasion if they are not complied with.

490. The local prevalence or rarity of certain diseases, as well as the quantity or number on hand of each article, will be considered in the preparation and approval of annual requisitions.

491. The smaller posts will not need all the articles included in the supply table. The surgeon is not expected to require for an article merely because it is listed. He should call only for what there is reason to think he will need.

492. Requisitions for temporary posts or for those soon to be abandoned will be confined to such articles and quantities as will be needed up to the time of the expected discontinuance or abandonment.

493. Sterilized dressings will not be issued for post use. Their preparation is so simple and so well understood that they should be prepared as needed.

(a) First-aid packets will be reserved exclusively for field use, except those issued for instruction.

494. The chief surgeon to whom an annual requisition is forwarded will see whether it is prepared in accordance with the above regulations. If it is, he will approve and forward one copy direct to the medical supply depot designated for his territory by the Surgeon-General; if it is not, he will alter it to conform to these regulations, and then forward it to depot approved as altered, notifying the surgeon of the alterations made. In either event, he will forward the second copy of the requisition, with the action taken by him noted thereon, direct to the Surgeon-General; and he will retain the third copy in the files of his office.

495. Special requisitions for post medical supplies are annual, quarterly, or emergency. They will be made on Form 35, but separately from those for field medical supplies and those for dental supplies. The same number of copies will be executed, and they will be forwarded to the chief surgeon, or to the Surgeon-General direct, as in the case of annual requisitions from the same posts or hospitals (see par. 488a). A copy will be retained in the hospital files in like manner.

496. Except as otherwise provided in paragraph 499, articles not on the supply table which will be needed during the year will be

called for on the annual special requisition. It will be forwarded with the regular annual requisition. The articles will be listed in alphabetical order, and the necessity for them will be fully explained in the column of "Remarks." To avoid delay in filling these requisitions, a full description of special articles, instruments, and appliances required for will be given in "Remarks," together with a statement of their cost or approximate cost, as ascertained from dealers' catalogues or other reliable sources of information. When unusual drugs or chemical reagents are called for similar information as to their cost will be furnished.

497. Except as otherwise provided in paragraph 499, articles on the supply table of which no allowance is stated, or which are issued "as required," will be called for on the quarterly special requisition.

(a) When supplies are exhausted or their exhaustion is imminent, a renewal thereof may be asked for on the quarterly special requisitions forwarded during the remainder of the year. These articles should be listed according to the nomenclature, classification, and alphabetical arrangement of the supply table.

(b) When quarterly special requisitions are necessary they will ordinarily be forwarded on or before January 1, April 1, July 1, and October 1, for the ensuing three months, respectively. A quarterly requisition may, however, be forwarded at any time during the quarter in which the supplies are needed.

(c) When under these regulations a quarterly special requisition would be made at the same time as an annual special it will be consolidated therewith.

498. When, as a result of the prevalence of an epidemic or for any other reason, necessary supplies are likely to be exhausted before the next quarterly special requisition is to be made, they will be called for on an emergency requisition, Form 35, forwarded at once upon the development of the deficiency, with a full explanation of the emergency and its cause. In extreme cases, telegraphic application should be made direct to the Surgeon-General, or in the Philippines Division to the chief surgeon of the division, for the supplies needed to meet the emergency, which will be followed by a letter of explanation. Surgeons will be held accountable for any suffering which may result from their failure to require for supplies when it is evident the same will be needed.

(a) The frequent rendition of emergency post requisitions would usually argue a want of reasonable foresight in requiring for supplies, or a want of proper economy in the use of hospital property, and would be a reproach to medical administration. If due care in the use of hospital property is exercised, and the regulations herein made for the timely preparation of annual and quarterly requisitions are observed, it will seldom be necessary to resort to the emergency or telegraphic requisition.

499. The following special rules will be observed:

(a) Cabinets for blanks will be asked for on quarterly special requisitions. Requisitions for cabinets for blanks, for window curtains and fixtures, and for bookcases will be accompanied by an estimate of the cost of making or purchasing these articles at or near the post.

(b) Typewriters, microscopes, photographic apparatus and supplies, and all rubber goods will be asked for on quarterly special requisitions.

(c) Clinical thermometers will be obtained on request by information slip addressed to the chief surgeon, who, if he approves the same, will refer it to a supply depot for issue. The chief surgeon will see that there is no unnecessary expenditure, and that the thermometers are not issued in unnecessary quantities.

(d) Typewriter ribbons will also be obtained on request by information slip addressed to the chief surgeon. Only one for each machine should be asked for at one time. The kind of ribbon and of machine should be stated in the request.

(e) Vaccine virus will be asked for in like manner. On account of its liability to become inert from various causes, especially from heat, it will be asked for in such quantities only as are needed for early use.

(f) Antitoxins of diphtheria and tetanus will be procured as hereinafter indicated in the supply table.

(g) Rubber matting, 1 yard wide, is allowed, when necessary, for the halls of hospitals.

(h) Linoleum, wooden molding strips, and rubber nosings for stair treads will be asked for on quarterly special requisitions, stating the exact length and width of each tread, and the number of treads. Other linoleum will be issued only for offices and the dispensary.

(i) Articles required to replace unserviceable property, whether on the supply table or not, will be required for on the quarterly special. The exact number and condition of the unserviceable articles on hand will be expressly stated in "Remarks."

(j) Mineral oil, coal, gas, and electric current, for operating sterilizers, X-ray machines, and other therapeutic apparatus will be obtained on request by information slip addressed to the Surgeon-General, or, in the Philippines Division, to the chief surgeon of the division.

(k) Supplies for a subpost or camp will, in the absence of orders to the contrary, be required for quarterly upon the surgeon of the main post or command, who will issue them after approval by the chief surgeon.

500. The chief surgeon to whom a special requisition is forwarded will personally and carefully scrutinize it, and make such changes therein as he may deem proper. He will indorse on each of two copies his approval or recommendation as to the action to be taken, and will forward them, except as indicated in section *a* hereinafter, to the

Surgeon-General, or, in the Philippines Division, to the chief surgeon of the division, notifying the surgeon of any alterations that may have been made therein. He will retain the third copy in the files of his office.

(a) In the case of a special requisition to meet an emergency not admitting of delay, such as a sudden epidemic, the chief surgeon is authorized to approve the same, forwarding one number, with his approval indorsed thereon, to the medical supply depot designated for his territory, forwarding a second number to the Surgeon-General, or, in the Philippines Division, to the chief surgeon of the division, with an indorsement stating the circumstances, and retaining the third number in his files; but requisitions for articles not on the supply table must in all cases be forwarded to the Surgeon-General for his action (except in the Philippines Division, where the chief surgeon of the division will act upon them).

501. Medical supply officers to whom approved requisitions and information-slip requests for supplies are referred by chief surgeons conformably to these regulations are authorized to issue the same from stock if on hand, or to purchase them for issue if not on hand, subject, however, to instructions given by the Surgeon-General respecting the allotment and expenditure of public funds available for purchases.

FIELD MEDICAL SUPPLIES ¹

502. Annual requisitions to replenish field medical supplies or to replace unserviceable field medical equipment at permanent posts will be forwarded with the regular annual requisitions for post medical supplies. The annual field requisition will be executed in triplicate, on Form 34, by the surgeon, who will retain one copy in the files of his hospital, and forward the other two copies to the chief surgeon, or, in the case of an independent post or station, direct to the Surgeon-General.

(a) The chief surgeon of a territorial department who receives an annual requisition in duplicate for field medical supplies in conformity with this regulation will promptly forward the same, with his recommendation indorsed on each copy, to the Surgeon-General, or, in the Philippines Division, to the chief surgeon of the division.

503. Special requisitions from permanent posts for field medical supplies should be unnecessary except during or immediately following active military operations.

DENTAL SUPPLIES

504. Requisitions for dental supplies, annual and special, will be executed in triplicate by the dentist, who will retain one copy and

¹ See pars. 789 to 795 for provisions respecting requisitions from organizations in the field.

forward the other two direct to the chief surgeon, or, in the case of independent posts or commands, to the Surgeon-General. The chief surgeon to whom a dental requisition in duplicate is forwarded will promptly transmit both copies thereof, with his recommendations indorsed on each of them, to the Surgeon-General, or, in the Philippines Division, to the chief surgeon of the division.

505. Annual requisitions will be prepared on Form 36 for the year beginning January 1, and will be forwarded not less than 20 days before that date.

(a) Articles of which a definite allowance is fixed on the dental supply table will be required for on the annual requisition, except as otherwise provided in paragraph 506*b*. Annual dental requisitions will be subject to the regulations in paragraph 489 governing the preparation of annual post requisitions, so far as the same are applicable.

506. Articles on the dental supply table for which no allowance is specified, or which are issued "as required," will be required for on quarterly special requisitions, Form 35, for the quarters beginning January 1, April 1, July 1, and October 1.

(a) Articles not on the dental supply table, which are absolutely necessary for dental work soon in prospect, will also be called for on the quarterly special, with a full explanation of their necessity.

(b) Rubber goods and textbooks on dental subjects will be asked for on quarterly specials.

507. In emergencies, when dental instruments, appliances or supplies not on hand, or to replace similar articles which have become unserviceable, will be needed before the next quarterly special, they may be required for on an emergency special, to be forwarded at once upon the development of the emergency, with a full explanation of its character and cause.

(a) When the emergency is so pressing that it will not admit of the delay to fill an emergency requisition, the surgeon of the post where the dentist is on duty may, with the chief surgeon's approval, issue to the dentist any post medical supplies that may be on hand and available. The usual invoices and receipts required upon the transfer of medical supplies from one officer to another will be executed and disposed of conformably to the requirements of paragraph 509. An explanation of the emergency requiring such issues will be forwarded promptly to the Surgeon-General.

508. Articles of furniture and other nonexpendable articles belonging to the Medical Department, which are on hand at post and suitable to the equipment of the dentist's office, may be issued by the surgeon of the post to the dentist upon the latter's memorandum receipt.

TRANSFER OF MEDICAL SUPPLIES

(See pars. 34 and 281)

509. In ordinary transfers of medical supplies the transferring officer will at once forward invoices (Forms 23, 24, 28, or -31) in duplicate, one to the Surgeon-General direct and one to the receiving officer. The latter will promptly upon completion of the transfer forward receipts (Forms 26, 27, 28, or 31) in duplicate, one to the Surgeon-General and the other to the transferring officer. A packer's list (Form 32) will, if necessary, be furnished by the transferring officer.

(a) All supplies shipped will bear the name of the consignor as well as that of the consignee.

510. In cases in which complete transfer of medical property occurs, the receiving officer, instead of giving separate receipts, as provided in paragraph 509, will receipt for the property transferred on the final return, both original and duplicate (Form 17c), of his predecessor. In such cases also the transferring officer may, if he choose, leave his duplicate return in his successor's possession for the latter's information concerning the property listed as transferred; otherwise he will furnish an invoice thereof on the appropriate form to the receiving officer. In either event, the transferring officer will at once forward the original of his final return, bearing the receipt above prescribed, to the Surgeon-General, or notify the Surgeon-General by letter that he has transferred all the medical property for which he was accountable, naming the officer to whom the transfer was made.

511. Great care should be exercised before receipting for cases of instruments, microscopes, and other property of similar character not enumerated on the property papers in detail, to ascertain that the full contents of such cases are present and in good order. Incomplete cases will be receipted for as such, and a list of the missing instruments, etc., will accompany the receipt, in order that the proper officer may be held accountable for the deficiency. Receipts without remark for cases of instruments and similar property will be considered as evidence that they are complete and in accordance with the lists of contents marked in the cases or as given in the supply table, and the receiving officer will be held responsible in accordance therewith.

512. The transferring officer will enter on his invoices, and the receiving officer on his receipts, the condition of all articles not serviceable.

513. Medical officers will report to the Surgeon-General and to the transferring officer all defects observed in the quality, quantity, or packing of medical supplies.

ACCOUNTABILITY

514. Medical officers will take up and account for all medical property of the Army which comes into their possession. If it is property with which they have not been formally charged (as, e. g., property found at post) they will report if possible to whose account it is to be credited.

(a) Members of the Dental Corps will follow a similar course regarding dental property coming into their possession.

515. No medical property will be accounted for as on hand at the end of the accounting period unless the same is then in fact on hand. Medical property expended, lost, or destroyed must be dropped accordingly, and credit therefor claimed by certificate or affidavit as required by Army Regulations. If the evidence is considered satisfactory by the Surgeon-General the credit will be allowed as claimed; if not satisfactory, the accountable officer will be required to refund the value of the property. (See par. 283.)

516. In invoicing or accounting for broken packages, such as bottles, jars, etc., fractions will be given as one-fourth, one-half, three-fourths.

RETURNS OF MEDICAL PROPERTY

(See par. 380b)

517. Officers in charge of medical property will on being relieved of the same prepare a return thereof in duplicate (Forms 17, 17a, 17b, and 17c), showing all articles received, expended, sold, transferred, etc., during its period. The original of this return will be promptly transmitted to the Surgeon-General. The duplicate, with a complete set of vouchers, will be retained for the protection of the accountable officer.

518. Returns of dental property will be made by the dentist having custody thereof.

SALES

519. When medical property is sold the officer responsible therefor will pay the necessary authorized expenses of the sale, if any, out of the proceeds, taking proper vouchers for such payments, and will deposit the balance, or net proceeds, without delay, in the nearest United States depository, to the credit of the Treasurer of the United States, notifying the Surgeon-General at once of his action.

(a) He will render to the Surgeon-General within 10 days after the end of the month an account of sales, Form 15, accompanied by duplicate inventories of the property sold, Form 16, by his vouchers for the expenses of sale, if any, and, in the case of condemned property, by a copy of or suitable extract from the inventory and inspection report. If he is a disbursing officer under the Medical Depart-

ment he will also credit the net proceeds and debit the deposit in his monthly money account. The account, Form 15, with its exhibits, becomes in that case a voucher to his account current, and will be forwarded therewith. A duplicate of the account, Form 15, and a triplicate of the inventory, Form 16, should be retained by the officer.

520. The proceeds of authorized sales of serviceable medical property accrue to the special fund "Replacing medical supplies" for the proper two-year period, thus: If made during the fiscal year 1907 the proceeds pertain to the fund "Replacing medical supplies, 1907-8;" if made during the fiscal year 1908, to the fund "Replacing medical supplies 1908-9;" and so on from year to year. Sales of condemned property accrue to "Miscellaneous receipts." In depositing and accounting for the proceeds of sales the funds to which the same pertain should be indicated accordingly.

DISPOSITION OF MEDICAL PROPERTY ON ABANDONMENT OF POSTS

521. Unless modified by special instructions from the Surgeon-General, the following rules will be observed in the disposition of medical property upon the abandonment of a post:

(a) Unserviceable property will be submitted to an inspector, with a view to final disposition by sale or destruction.

(b) A list of all other articles will be forwarded to the chief surgeon, or, in the case of an independent post, to the Surgeon-General, for decision as to where they shall be sent.

(c) Only such nonexpendable articles as are in perfect order, including recent medical works, and instruments which can not be transferred to other posts without unnecessary duplication, should be turned in to a medical supply depot.

USE AND CARE OF MEDICAL PROPERTY

522. Officers will be held responsible for the serviceable and complete condition of all property in their possession, except such as may have been rendered unserviceable by fair wear and tear.

(a) The responsible officer will once each year cause all medical property in his charge to be carefully examined by a commissioned medical officer, and verified by the returns, invoices, etc.

523. With the permission of the surgeon, medical officers may take books and instruments from the hospital for professional use; but no medical property of any description will be taken away from a post by an officer on being relieved or when availing himself of a leave of absence, except by authority of the Surgeon-General, or, within the limits of the Philippines Division, by authority of the chief surgeon of the division.

524. Hospital bedding will not be used by members of the Hospital Corps, except when on duty in the wards.

525. The issue of articles for use in the preparation of cleaning mixtures, cosmetics, or perfumery, or for use with spirit lamps, etc., is prohibited.

526. The exchange of medicines with druggists is prohibited.

527. Blankets not in use should be frequently examined, and occasionally shaken and hung out of doors. When stained and soiled, but otherwise in good condition, they should be washed and continued in service.

528. Rubber and flexible catheters and bougies will be kept in the catheter box, using talc (French chalk) or glycerin to preserve them.

529. When the canvas in litters becomes soiled it will be removed from the litters, washed and replaced. When it becomes torn or unserviceable new canvas of the proper size should be applied for to replace it.

530. The responsible officer will cause all instruments in his charge to be examined by a commissioned medical officer at least once each month.

(a) Surgical instruments and appliances that require and are considered worth repairing will be reported through the chief surgeon to the Surgeon-General, or in the Philippines Division to the chief surgeon of the division, with a statement of the repairs needed, giving the name of the maker of each article.

531. The responsible officer will also report to the Surgeon-General, or in the Philippines Division to the chief surgeon of the division, such articles of furniture as may need and are considered worth repair or renovation by painting, varnishing, etc. The work should be done by post labor if practicable, request being made for authority to purchase necessary material. If this is not practicable, the officer will obtain one or more estimates in detail of the cost of repair or renovation of such furniture, and forward them with his report.

532. Field furniture will not be used at posts, except when required for instruction of men of the Hospital Corps.

(a) Medical, surgical, and other field chests and appliances will be frequently inspected and kept in perfect order for immediate field use. Under no circumstances will their contents be used at posts.

FIRST-AID PACKETS

533. Three types of first-aid packets are supplied by the Medical Department, the field packet, the instruction packet, and the shell-wound dressing. Regulations for their issue and use appear in War Department circulars. (See also par. 898.)

METEOROLOGICAL INSTRUMENTS

534. Meteorological observations will be taken at such posts as may be designated by the Surgeon-General, to whom a report will be rendered promptly at the end of each month, on the form furnished by the director of the State section of the Weather Bureau, and through the office of the said director. Such meteorological instruments as are required for use at designated posts will be obtained by application to the State section director; and when any of these instruments become broken or unserviceable the request for new ones will state the circumstances attending the breakage, and, if a thermometer, the parts of the instrument will be returned by mail to the office of the State director. Receipts for these instruments will be made out by the surgeon, on forms transmitted with the instruments. When relieved from duty at a station, the surgeon will notify the State officer, in order that the responsibility for the property may be properly transferred. Meteorological instruments heretofore issued by the Medical Department will be borne upon the returns of medical property until broken or worn out, but articles furnished by the Weather Bureau will not be taken up on these returns.

PART II

MEDICAL ADMINISTRATION IN CAMPAIGN



ARTICLE IX.—THE MEDICAL DEPARTMENT IN CAMPAIGN

535. The objects of medical administration in campaign are:

First: The preservation of the strength of the army in the field—(a) by the necessary sanitary measures; (b) by the retention of effectives at the front, and the movement of noneffectives to the rear without obstructing military operations; and (c) by the prompt succor of wounded on the battle field, and their removal to the rear, thus preventing the unnecessary withdrawal of combatants from the firing line to accompany the wounded, and promoting the general morale of the troops.

Second: The care and treatment of the sick and injured at the front, in the line of communications, and in home territory.

DUTIES OF THE MEDICAL DEPARTMENT

536. The Medical Department is charged with the administration of the sanitary service. Specifically its duties are:

1. The initiation of sanitary measures to insure the health of the troops.
2. The direction and execution of all measures of public health among the inhabitants of occupied territory.
3. The care of the sick and wounded on the march, in camp, on the battlefield, and after removal therefrom.
4. The methodical disposition of the sick and wounded, so as to insure the retention of those effective, and relieve the fighting force of the noneffective.
5. The transportation of the sick and wounded.
6. The establishment of hospitals and other formations necessary for the care of the sick and injured.
7. The supply of sanitary matériel necessary for the health of troops and for the care of the sick and injured.
8. The preparation and preservation of individual records of sickness and injury in order that claims may be adjudicated with justice to the Government and to the individual.—F. S. R., 288.

537. In addition to caring for the sick and wounded, medical officers act as sanitary advisers of commanders and instruct the troops in personal hygiene. Beginning with camp sites and the water supply, they continue their supervision of these and other sanitary matters to the close of the campaign.—Ibid.

PERSONNEL OF THE FIELD MEDICAL SERVICE

GENERAL ENUMERATION

538. In time of war the sanitary service includes—

1. All persons serving in or employed by the Medical Department, including officers and men temporarily or permanently detailed therein.
2. Members of the American National Red Cross Association assigned to duty with the Medical Department by competent authority.
3. Individuals whose voluntary service with the Medical Department is duly authorized.—F. S. R., 285.

539. The following persons serve in or are employed by the Medical Department:

(a) Medical officers of the Regular Army, of the organized militia called into the service of the United States, and of the Volunteer Army.

(b) Physicians under contract and dentists.

(c) Members of the Hospital Corps.

(d) Members of the Nurse Corps.

(e) Officers and soldiers of the line or staff detailed for duty with the Medical Department.

(f) Civilians employed as clerks, drivers, laborers, scavengers, etc.

SPECIAL DETAILS

540. When necessary, commanders of separate commands may detail officers of the line or staff corps for duty as quartermasters or commissaries with the Medical Department, but enlisted men are detailed for duty in that department in cases of emergency only. Officers and men so detailed must be fitted for the duty required. Medical officers act as quartermasters and commissaries only when other officers are not available.—F. S. R., 294.

(a) To determine the fitness of officers and men for detail under this paragraph they shall be examined in respect to the same by a board of two or more medical officers designated by the commanding officer who is to make the detail.

ORGANIZED VOLUNTARY AID

541. The American National Red Cross was incorporated by the act of Congress approved January 5, 1905 (33 Stats., 600), primarily "to furnish volunteer aid to the sick and wounded of armies in time of war." In accordance with the terms of its charter it is the "medium of communication between the people of the United States and their Army." No volunteer aid from any society or association will therefore be accepted for the Army of the United States except through the American National Red Cross.

542. The representative of the War Department on the central committee of the American Red Cross will keep the committee advised of the nature of the assistance that will be desired and of the methods of mobilizing and utilizing the Red Cross that will be acceptable to the War Department in time of war, and will keep the War Department advised of the nature, extent, and distribution of the assistance that the Red Cross will be prepared to furnish.

543. When in time of war Red Cross assistance is needed for the Army the Surgeon-General will so inform the central committee through its War Department member.

544. When in time of war that course is in his judgment expedient, the Surgeon-General may authorize the employment of the personnel of the American Red Cross for service with the Medical Department.

No one will, however, be so employed who is physically or otherwise disqualified for effective service. The Surgeon-General may prescribe such tests of competency as he shall deem appropriate.

(a) Except in special emergencies Red Cross personnel will be employed only on the line of communications, at the base, and in home territory.

(b) Red Cross personnel employed with troops are subject to military laws and regulations.

545. In time of war delegates of the Red Cross may on the recommendation of the Surgeon-General be permitted to act as representatives of the central committee with chief surgeons in the field.

546. In general terms the scope of the work of the Red Cross personnel in war, and of their preparation and training in peace for war, should be as follows:

(a) The organizing, training, and equipping of relief columns to assist in the transportation and care of sick and wounded.

(b) The organizing and training of hospital detachments, composed of physicians, nurses, pharmacists, cooks, etc., for service in military hospitals.

(c) The organizing and training of other recognized Red Cross organizations, columns, detachments, etc.

(d) The taking over of certain special branches of hospital work, such as the laundering and repair of linen, the management of diet kitchens, etc.

(e) The establishing of rest and food stations.

(f) The collecting, storing, and distributing of Red Cross supplies of all kinds.

(g) The collecting and forwarding of gifts.

(h) The organizing and managing of information bureaus to keep relatives and friends advised of the location and condition of sick and wounded.

(i) The providing, furnishing, and managing of convalescent homes and special hospitals.

(j) The providing and equipping of hospital ships and trains, automobile ambulances, and other means of transportation.

INDIVIDUAL VOLUNTARY AID

547. The chief surgeon of a field army, or of a division or brigade operating independently, may, in emergency, with the consent of his commanding officer and under the authority of the Surgeon-General, accept services volunteered individually by civilian physicians, nurses, litter bearers, cooks, etc.

548. The chief surgeon will assign such volunteers to duty according to the circumstances of the emergency. They may when the necessity is great be utilized with the advance; but as a rule they will be assigned to duty only at the base or on the line of communications.

549. The commanding officer of a general hospital may accept similar individual volunteer service in his hospital when authorized by the Surgeon-General.

550. The services of individual volunteers who do not appear to be physically robust and able to withstand the hardships to which they are likely to be exposed should invariably be rejected.

551. Individual volunteers whose services are accepted will be under the immediate orders of the officers commanding the hospitals or other Medical Department organizations to which they may be assigned.

CONTROL OF SANITARY TROOPS

552. The senior medical officer of an army or smaller command is charged with the general control of the sanitary troops serving therewith, and commands the independent sanitary units. He may be authorized by the commander to make assignments of the personnel, and in emergencies the entire sanitary service of the command may be placed at his disposition.—F. S. R., 291.

INSIGNIA OF SANITARY PERSONNEL

553. In campaigns all persons belonging to the sanitary service, and chaplains attached to the Army, wear on the left arm a brassard bearing a red cross on a white ground, the emblem of the sanitary service of armies. This brassard is issued and stamped by competent authority and is accompanied by a certificate of identity for persons who do not have military uniform.—F. S. R., 286.

554. Brassards, and certificates of identity, Form 61, when necessary under the provisions of paragraph 553 (art. 20, International Red Cross Convention of July 6, 1906), may be issued by the Surgeon-General, by the chief surgeons of field armies, of lines of communications, and of divisions, or by the War Department member of the central committee of the American National Red Cross.

555. The person to whom a certificate of identity is issued should retain it in his or her personal possession while in the field, and should at all times exercise every care to prevent its coming into the hands of other persons.

GUARDS FOR SANITARY SERVICE

556. When necessary, armed guards are furnished from the line for the protection of the sanitary service, and the personnel of the latter may also be armed and use its arms in self-defense or in defense of the sick and wounded. Field hospitals are habitually guarded by ambulance companies, guards from the line being detailed only when this is impracticable. Other sanitary formations are furnished guards by army, division, line of communications, or department commanders, as the case may be. When the commander of such a guard is a commissioned officer he confers with the medical commander as to the character of the guard duty desired by the latter, but exercises no control over the sanitary formation.—F. S. R., 295.

STATUS OF SANITARY PERSONNEL

557. All persons mentioned in paragraph 553 and armed detachments or sentinels ordered by competent authority to guard sanitary formations or establishments are respected and protected under all circumstances. If they fall into the hands of the enemy they do not become prisoners of war but are disposed of as provided in article 12 of the Red Cross Convention.—F. S. R., 287.

TITLES OF MEDICAL OFFICERS

558. The title of the senior medical officer of an army in the field, of the line of communications, and of a division or separate brigade is "chief surgeon"; of a detachment, regiment, or smaller command, "the surgeon"; of a hospital or other sanitary formation, and of an ambulance company or detachment thereof, "commanding officer."—F. S. R., 290.

ORGANIZATION OF THE MEDICAL DEPARTMENT IN CAMPAIGN

559. The Medical Department consists of a Surgeon-General, and of the commissioned and enlisted personnel, nurses, and dental surgeons authorized by law for that department. The personnel of the department and all other persons assigned to duty with that department are collectively called sanitary troops.—F. S. R., 33.

560. The following table shows the organization of the Medical Department in campaign:

Surgeon-General.	Home territory.	Department chief surgeons. General hospitals. General hospitals at camps of mobilization. Convalescent camps. Receiving hospitals, ports of disembarkation. Quarantine stations. Hospitals for prisoners of war. Supply depots. Hospital trains and trains for patients. ¹ Rest stations on railway lines. ¹ Hospitalships and ships for patients. Sanitary inspectors.	Post hospitals.
		Division chief surgeons.	Medical Department with troops. Medical units.
	Field.	Field army chief surgeon.	Transport columns. Rest stations. Evacuation hospitals. Base hospitals. Contagious disease hospital. Casual camps for sanitary troops. Convalescent camps. Trains, boats, and ships. Base medical supply depots. Sanitary squads. Field laboratories.

Regimental and other medical personnel on duty with line organizations.
 Director ambulance companies.
 Director field hospitals.
 Reserve medical supply.

Ambulance companies.
 Field hospitals.

¹ These organizations may be used in the zone between home territory and the field army, as well as in home territory.

ORGANIZATION IN HOME TERRITORY DURING CAMPAIGN AND IN ZONE
BETWEEN HOME TERRITORY AND THE THEATER OF OPERATIONS

561. During time of active military operations the peace organization of the Medical Department in home territory (covering the post hospitals at fixed posts, a few general hospitals, chiefly for special cases, and four or five medical purveying depots) must be reorganized and largely augmented to meet the changed conditions, and to provide for the increased number of military sick and wounded. If the theater of operations is distant from home territory, it will also be necessary to organize a medical service for the transportation and care of sick in the transit zone between the base of operations and home territory.

(a) The several kinds of additional Medical Department organizations required in home territory in time of war are indicated in paragraph 560.

(b) The medical units required in the zone between the line of communications and home territory consist of hospital trains or trains for patients, and hospital ships or ships for patients. When trains are used it may also be necessary to establish rest stations en route.

562. Additional *general hospitals* will be established by the Surgeon-General in time of war at such points in home territory as may be deemed most suitable.

(a) General hospitals for large camps of mobilization should be established in their near vicinity.

563. *Convalescent camps* will be established as branches of general hospitals when necessary. The commanding officer of the hospital will also command the camp.

(a) Such camps will be used for patients who no longer need hospital treatment, but are not yet in sufficiently vigorous health to return to their commands.

(b) Patients in convalescent camps will be borne upon the register of sick and wounded at the general hospital, with a notation in the cause of admission space on the register card showing that they are under treatment at the convalescent camp. See paragraph 436.

564. *Receiving hospitals* will be established by the Surgeon-General at ports of disembarkation which are habitually employed for the discharge of troop transports. A receiving hospital at a port where there is a general hospital will be a branch thereof; otherwise it will itself be administered as a general hospital.

565. *Quarantine stations* will also be established by the Surgeon-General at the said ports for the temporary detention and custody of persons arriving on troop transports who have infective disease or exhibit symptoms thereof, for the detention during the necessary periods of observation of persons who are disembarked from troop

transports arriving from infected places, and for the disinfection of their baggage. These stations will be conducted under special instructions given by the Surgeon-General.

(a) Quarantine stations will be established at other points, inland or seaboard, when required by circumstances, to prevent the spread of infective diseases among troops.

566. *Hospitals for prisoners of war* will be established by the Surgeon-General at points determined on by the Secretary of War. They will have the status of general hospitals, and as such each will be managed under the direction of the Surgeon-General, except that the officer charged with the custody and safe-keeping of the prisoners will maintain such guards over the hospital as may be necessary to prevent the liberation or escape of the prisoners under treatment therein.

567. *Additional medical purveying and supply depots* will be established by the Surgeon-General as he may deem necessary, having due regard for the sources of supply and the facilities for distribution.

568. *Hospital trains* are Medical Department organizations, and will be provided by the War Department when required for the transportation of the sick and wounded. In cases of emergency, when hospital trains in sufficient number are not available, ordinary *trains for patients* will be provided for the temporary use of the Medical Department. So far as possible hospital trains will be utilized for the more severe cases of injury, and trains for patients for the less severe ones.

(a) Hospital trains have a fixed personnel (see par. 589), but trains for patients have not. The equipment of hospital trains and the personnel and equipment of trains for patients will be determined according to the needs of each case.

(b) Hospital trains and trains for patients in home territory will operate under the direction of the Surgeon-General.

(c) Each train will be under the command of the senior medical officer on duty therewith, who will command the entire personnel thereon. He will render the required reports and returns, maintain proper discipline in his command, and be held responsible for any deficiency of supplies or equipment due to his failure to institute timely measures for the renewal or replenishment thereof.

(d) The commanding officer of a train will, some hours before it is due at the hospital which is to receive its patients, notify the commanding officer of the latter, by telegram, of the time of its arrival, and the number of patients to be provided for.

569. *Rest stations* will be organized at points on the railway lines in home territory where attention can best be given to sick and wounded en route. The location and number of such stations, and the personnel and matériel required for them, will be determined by

the Surgeon-General. So far as possible the personnel of such stations will be obtained from the American Red Cross.

570. On over-sea expeditions *hospital ships* and *ships for patients* may both be required, and will be provided by the War Department.

(a) Hospital ships are Medical Department organizations, and will be used solely by that department. In addition to carrying ill and injured between ports they may be utilized for carrying Medical Department personnel and supplies when this does not interfere with their primary object. Every hospital ship (including every hospital ship furnished by the American Red Cross) will be commanded by a medical officer of the Army. Its personnel is fixed (see par. 588), but its matériel will be determined according to the special necessities of the case.

(b) Ships for patients are ordinary transports or vessels turned over to the Medical Department for temporary use in emergencies when the necessary hospital ships are not available. During such use they will be under the command of the senior medical officer on duty thereon. So far as practicable only the less severe cases will be carried on such ships. Insane patients and cases of contagious disease will be carried on them only under exceptional circumstances. Both the personnel and matériel of such ships will be determined by the Surgeon-General according to the special necessities of each case.

(c) The commanding officer of a hospital ship or ship for patients will render the required reports and returns, maintain proper discipline in his command, and be held responsible for any deficiency of supplies or equipment due to his failure to institute timely measures for the renewal or replenishment thereof.

(d) So far as possible the commanding officer of a hospital ship or a ship for patients will notify the receiving hospital, in advance, of the date she will arrive and the number of her patients, so that suitable preparation for receiving the patients may be made.

571. Sanitary inspectors will be designated by the Surgeon-General for the inspection of the medical units in home territory hereinbefore enumerated. Their duties will be analogous to those of sanitary inspectors in the field (par. 771), and they will report their inspections in like manner (par. 772).

ORGANIZATION IN THE FIELD ¹

572. In campaign the Medical Department is organized and distributed as prescribed in Article I [of Field Service Regulations]. Sanitary troops, in addition to those serving with the organizations, are assigned to detachments as circumstances require.—F. S. R., 289.

573. The sanitary service in the field is divided into:

1. Service with the mobile forces, including camps and bivouacs, marches, and combats.

¹ The functions of Medical Department units in the field are described at length in Art. X.

2. Service of the line of communications, including all sanitary formations not accompanying the troops.—F. S. R., 299.

574. The sanitary formations accompanying the mobile forces are:

Ambulance companies.

Field hospitals.

Ambulance companies and field hospitals are not ordinarily attached to units smaller than a division. They receive their medical supplies from the sanitary supply depot at the head of the line of communications, or from the reserve supplies accompanying the supply train.—F. S. R., 300.

575. The sanitary formations [of the line of communications] consist of transport columns, evacuation hospitals, rest stations, base or general hospitals, contagious disease hospitals, casual camps for sanitary troops, convalescent camps, and the necessary supply depots, trains, ships, etc.—F. S. R., 306.

576. For duty in the field, sanitary troops are divided into: (1) Those assigned to regiments and other units; and (2) those formed into independent sanitary units, such as ambulance companies and field hospitals.—F. S. R., 33.

577. The personnel of sanitary troops attached to organizations in the field is indicated in sections 24, 25, 26, 27, and 32, F. S. R., as follows:

Regiment of Infantry or Cavalry—

1 major.

3 captains and lieutenants.

1 sergeant first class.

3 sergeants and corporals.

20 privates first class and privates (1 as wagoner).

4 officers (mounted).

24 enlisted men (8 mounted).

Regiment of Field Artillery—

1 major.

2 captains and lieutenants.

1 sergeant first class.

2 sergeants and corporals.

18 privates first class and privates (1 as wagoner).

3 officers (mounted).

21 enlisted men (19 mounted).

Battalion of Engineers—

3 captains and lieutenants.

3 sergeants and corporals.

6 privates first class and privates.

3 officers (mounted).

9 enlisted men (6 mounted).

Battalion of Signal Troops—

2 captains and lieutenants.

2 sergeants and corporals.

4 privates first class and privates.

2 officers (mounted).

6 enlisted men (mounted).

578. Extract from section 33, F. S. R.:

The following table shows the distribution of the sanitary troops forming part of a complete division. In this distribution the troops assigned to the infantry are divided pro rata among the regiments of that arm. A like distribution is made of the sanitary troops assigned to the cavalry and artillery. The injured of commands having no sanitary troops seek the nearest medical service available.

SANITARY PERSONNEL

(a) Division

	Personnel.							
	Lieutenant-colonels.	Majors.	Captains and lieutenants.	Total commissioned.	Sergeants first class.	Sergeants and corporals.	Privates first class and privates.	Grand total.
Division headquarters	1	1	1	3	1	—	6	10
Inspection	1	—	—	1	—	—	1	3
Infantry, 9 regiments	—	9	27	36	9	27	180	252
Cavalry, 1 regiment	—	1	3	4	1	3	20	28
Artillery, 2 regiments	—	2	4	6	2	4	36	48
Engineers, 1 battalion	—	—	3	3	—	3	6	12
Signal troops, 1 battalion	—	—	2	2	—	2	4	8
Ammunition train	—	—	2	2	1	1	6	10
Supply train	—	—	1	1	—	1	3	5
Ambulance companies (4)	—	1	20	21	8	29	281	339
Field hospitals (4)	—	5	16	21	12	25	193	251
Reserve supplies ¹	—	—	1	1	1	1	9	12
Total	2	19	80	101	35	97	745	978

	Mounts and transportation.							
	Mounts.			Transportation.				
	Officers.	Enlisted men.	Total.	Ambulances.	Wagons.	Draft animals.	Pack animals.	Total animals.
Division headquarters	5	5	10	—	—	—	—	10
Inspection	2	2	4	—	—	—	—	4
Infantry, 9 regiments	45	72	117	—	9	36	9	162
Cavalry, 1 regiment	5	22	27	—	1	4	1	32
Artillery, 2 regiments	8	38	46	—	2	8	2	56
Engineers, 1 battalion	3	6	9	—	—	—	—	9
Signal troops, 1 battalion	2	6	8	—	—	—	—	8
Ammunition train	2	4	6	—	—	—	—	6
Supply train	1	2	3	—	—	—	—	3
Ambulance companies (4)	22	54	76	48	12	240	16	332
Field hospitals (4)	26	34	60	—	32	128	—	188
Reserve supplies ¹	1	3	4	—	6	24	—	28
Total	122	248	370	48	62	440	28	838

¹ With supply train.

NOTE.—One led horse for each officer above the grade of captain.

(b) Cavalry division

	Personnel.							
	Lieutenant-colonels.	Majors.	Captains and lieutenants.	Total commissioned.	Sergeants first class.	Sergeants and corporals.	Privates first class and privates.	Total enlisted.
Division headquarters.....	1	1	1	3	1	1	6	7
Inspection.....	1			1		1	1	2
Cavalry, 9 regiments.....		9	27	36	9	27	180	216
Horse artillery, 1 regiment.....		1	2	3	1	2	18	21
Engineer battalion (mounted).....			3	3		3	6	9
Signal battalion.....			2	2		2	4	6
Ammunition train.....			2	2		1	6	8
Supply train.....			1	1	1	1	3	4
Ambulance companies (2).....			10	10	4	14	140	158
Field hospitals (2).....		2	8	10	6	12	96	114
Reserve supplies ¹			1	1	1	1	9	11
Total.....	2	13	57	72	23	64	469	556

	Mounts and transportation.							
	Mounts.			Transportation.				
	Officers.	Enlisted men.	Total.	Ambulances.	Wagons.	Draft animals.	Pack animals.	Total draft and pack animals.
Division headquarters.....	5	7	12					
Inspection.....	2	2	4					
Cavalry, 9 regiments.....	45	198	243		9	36	9	45
Horse artillery, 1 regiment.....	4	19	23		1	4	1	5
Engineer battalion (mounted).....	3	6	9					
Signal battalion.....	3	6	9					
Ammunition train.....	2	4	6					
Supply train.....	1	2	3					
Ambulance companies (2).....	10	26	36	24	6	120	8	128
Field hospitals (2).....	12	16	28		16	64		64
Reserve supplies ¹	1	3	4		6	24		24
Total.....	87	289	376	24	38	248	18	266

¹ With supply train.

NOTE.—One led horse for each officer above the grade of captain.

(c) Auxiliary division:

- 1 major, chief surgeon, headquarters.
- 1 major, inspector, headquarters.
- 1 sergeant first class (mounted), headquarters.
- 4 privates first class and privates (mounted), headquarters.
- 1 ambulance company.
- 1 field hospital.

The personnel attached to the organizations.

(d) Headquarters of a field army:

- 1 colonel, chief surgeon.
- 1 colonel, inspector.
- 2 majors.
- 2 sergeants first class (mounted).

(d) Headquarters of a field army—Continued.

9 privates first class and privates (5 mounted).

1 ambulance.

1 wagon.

(e) The sanitary personnel of the headquarters of an army is prescribed when the army is organized.

(f) Line of communications. For each division at the front:

1 transport column.

1 sanitary supply depot.

2 evacuation hospitals.

1 base hospital.

1 base depot.

Such other sanitary formations as may be necessary. The organization of these establishments is given in the Medical Manual.

579. The sanitary personnel of the headquarters, line of communications, shall be as follows:

1 colonel (chief surgeon).

1 colonel (consulting surgeon).

1 lieutenant colonel (sanitary inspector).

1 lieutenant colonel (consulting bacteriologist).

1 major.

2 sergeants first class (mounted).

2 sergeants.

9 privates first class and privates (5 mounted).

MILITARY PERSONNEL OF MEDICAL UNITS¹

580. *Ambulance company.*²—Five medical officers—1 captain, 4 first lieutenants; 9 noncommissioned officers—2 sergeants first class, 7 sergeants; 1 acting cook; 69 privates first class and privates.

(a) Of these, the following will accompany the wheeled transportation: One lieutenant; 1 sergeant first class; 1 sergeant; 1 acting cook; 19 privates first class and privates (1 as farrier, 1 as saddler, 2 as musicians, and 15 as drivers).

581. For each division (except cavalry divisions) there shall be in addition 1 medical officer, a major, as director of ambulance companies, with 1 sergeant, mounted, and 1 private first class or private, mounted.

582. *Field hospital*² (capacity 108 beds).—Five medical officers—1 major (in command), and 4 captains and lieutenants (1 executive officer, quartermaster and commissary, and 3 ward surgeons); 3 sergeants first class (1 in general supervision of hospital and in charge of medical property and records, 1 in charge of transportation and quartermaster property and records, and 1 in charge of cooking,

¹ The transportation, mounts, and equipments of the ambulance company, the field hospital, the reserve medical supply, the transport column, the evacuation hospital, and the base hospital are indicated hereinafter in the supply table. The equipments of hospital trains, trains for patients, hospital ships, and ships for patients are determined by the Surgeon-General according to the special necessities of each case. The number of civilian employees and of Red Cross personnel and other volunteer assistants with these units are also determined by the Surgeon-General.

² For the authorized personnel of field hospitals and ambulance companies in time of peace, see par. 149.

and mess and commissary supplies); 6 sergeants (1 in charge of dispensary, 1 in charge of operating equipment, 1 in charge of patients' clothing and effects, 1 in charge of outside police, and 2 wardmasters); 4 acting cooks; 44 privates first class and privates (27 ward attendants, 1 dispensary assistant, 8 drivers, 1 artificer, 3 orderlies, and 4 supernumeraries).

583. For each division (except cavalry divisions) there shall be in addition 1 medical officer, a major, as director of field hospitals, with 1 sergeant, mounted, and 1 private first class or private, mounted.

584. *Reserve medical supply.*—One medical officer—a captain or lieutenant; 2 noncommissioned officers—1 sergeant first class, 1 sergeant; 1 acting cook; 8 privates first class and privates (6 drivers and 2 packers).

585. *Transport column.*—Four medical officers—1 major (commanding), 3 captains and lieutenants; 20 noncommissioned officers—4 sergeants first class, 16 sergeants or corporals; 4 acting cooks; 60 privates first class and privates (16 drivers, 4 orderlies, and 40 bearers).

586. *Evacuation hospital* (capacity 324 beds).—Fourteen medical officers—1 lieutenant colonel (commanding), 13 captains and lieutenants (1 executive officer, 1 quartermaster and commissary, 1 operating surgeon, 2 assistant operating surgeons, 8 ward surgeons); 8 sergeants first class (1 general supervision, 1 in charge of office, 1 in charge of quartermaster and commissary supplies and records, 1 in charge of kitchen and mess, 1 in charge of detachment and detachment accounts, 1 in charge of patients' clothing and effects, 1 in charge of medical property and records, 1 in charge of dispensary); 16 sergeants (1 in dispensary, 2 in storerooms, 1 in mess and kitchen, 4 in office, 2 in charge of police, 5 wardmasters, 1 in operating room); 10 acting cooks; 119 privates first class and privates (76 ward attendants, 1 in dispensary, 3 in operating room, 10 in kitchen and mess, 4 in storerooms, 5 with transportation, 4 orderlies, 4 in office, and 12 outside police).

587. *Base hospital* (capacity 500 beds).—Twenty medical officers—1 lieutenant-colonel (commanding), 1 major (operating surgeon), 18 captains and lieutenants (1 executive officer, 1 quartermaster and commissary, 1 pathologist, 1 eye, ear, nose, and throat specialist, 2 assistant operating surgeons, 12 ward surgeons); 1 dentist; 8 sergeants first class (1 general supervision, 1 in charge of office, 1 in charge of quartermaster and commissary supplies and records, 1 in charge of kitchen and mess, 1 in charge of detachment and detachment accounts, 1 in charge of patients' clothing and effects, 1 in charge of medical property and records, 1 in charge of dispensary); 16 sergeants (1 in dispensary, 2 in storerooms, 1 in mess and kitchen, 4 in office, 2 in charge of police, 6 wardmasters); 14 acting cooks;

115 privates first class and privates (68 ward attendants, 1 in dispensary, 2 in operating room, 1 in laboratory, 14 in kitchen and mess, 6 in storerooms, 4 with transportation, 2 orderlies, 4 in office, 12 outside police, 1 assistant to dentist); 46 nurses, female,¹ (1 chief nurse, 1 assistant to chief nurse, 42 in wards, 2 in operating room).

588. *Hospital ship* (capacity 200 beds).—Five medical officers—1 major (commanding), 4 captains and lieutenants; 5 noncommissioned officers—1 sergeant first class, 4 sergeants; 5 acting cooks; 30 privates first class and privates (29 nurses, 1 orderly).

589. *Hospital trains* (made up of 10 cars, 8 of which are for patients, capacity 200 patients).—Three medical officers—1 captain (commanding), 2 captains or lieutenants (assistants); 3 noncommissioned officers—1 sergeant first class, 2 sergeants; 2 acting cooks; 22 privates first class and privates (20 nurses, 2 orderlies).

590. The allowance of personnel for other units will be determined according to the special circumstances of each case.

INSIGNIA OF SANITARY FORMATIONS.

591. All sanitary formations or establishments display the Red Cross flag accompanied by the national flag. If a sanitary formation falls into the hands of the enemy, it displays, while in such situation, the Red Cross flag only. At night the positions of sanitary formations are also marked by green lanterns.—F. S. R., 286.

¹ When female nurses are not available, additional enlisted men will be assigned in their stead.

ARTICLE X—THE CONDUCT OF THE MEDICAL SERVICE IN THE FIELD

THE MAIN TASK OF FIELD MEDICAL ADMINISTRATION

592. In campaign the most important and difficult task of the Medical Department is the removal of the sick and wounded from the front, where their presence would hamper military operations, and their transport to the rear, with proper safeguards against unnecessary losses to the front. This comprises the collecting of serious cases in camp, on the march, or in combat, and their prompt conveyance to places where they can be treated with due regard to their security and comfort. In selecting cases for evacuation the fundamental principle is that the combatant forces must not be unduly depleted, the medical personnel at the front unwarrantably diminished, and the transport of the Medical Department needlessly taxed, by sending to the rear on the plea of sickness or injury men who are or will soon be actually capable of effective service at the front. As a secondary principle no sick or injured should be taken farther to the rear than is necessitated by their condition; that is to say, even those who are properly sent to the rear should be retained as near the front as may be compatible with their disabilities and prospects of recovery, so that they may be returned to their units at the earliest practicable moment. For the application of these principles it will be necessary to classify the sick and wounded according to the nature and severity of their disabilities. This classification should be begun at the front and be continued until the patients are returned to duty or reach the receiving hospital or other distributing point in home territory. Local provision should be made for patients unfit for transport, including men in extremis, and as a general rule cases of dangerous infective disease. The latter should be evacuated only under exceptional conditions and subject to special precautions.

(a) For the removal of patients from front to rear litter bearers, travois, two-mule litters or improvised pack-animal transport, ambulance carts, ambulances, wagons and automobiles, railway trains, and hospital ships and boats, or all of these, may be necessary according to circumstances. The amount and character of transport which will be needed in addition to the regulation allowance can only be decided by the special circumstances of the campaign. Moreover,

the requirements will vary widely during a campaign. For example: After a severe battle the many wounded will require a large amount of transport in addition to the regulation allowance, while between battles, if disease is prevented through good sanitation, the regulation allowance may be sufficient to meet all requirements. This problem, therefore, demands careful study on the part of all chief surgeons, with appropriate recommendations to their respective commanders. Its solution requires consideration of local resources, as well as of transport in use by other staff departments which might in case of emergency be temporarily assigned to the use of the Medical Department.

(b) The methods and instruments by which the task in question is to be accomplished, both at the front and on the lines of communication, are indicated in detail in the following paragraphs.

MEDICAL SERVICE OF THE FRONT

CHIEF SURGEON, FIELD ARMY

593. The chief surgeon of a field army is the medical and sanitary adviser of its commanding officer, whom he will keep informed concerning the work of the Medical Department, and consult regarding all matters of importance connected therewith.

(a) He will have general charge of the medical administration of the field army, and be held responsible for the proper and effective management thereof. To that end he will have immediate direction of the Medical Department personnel at headquarters, and keep himself constantly informed of the efficiency of the medical departments of divisions and the line of communications.

(b) He will, under his commanding officer, direct the distribution, instruction, employment, and professional supervision of the entire Medical Department personnel of the field army.

(c) He will when thereunto authorized by the Surgeon-General make contracts with surgeons and employ or authorize the employment of other civilians for emergency service under the Medical Department at the front and on the line of communications.

(d) He will recommend the detail, subject to the prescribed examination (see par. 540), of line officers and officers of other staff departments for duty with the Medical Department.

(e) He will recommend transfers to the Hospital Corps from the line, enlistments and reenlistments therein, and discharges therefrom.

(f) He will direct and control Red Cross personnel on duty at the front or on the line of communications.

(g) He will, subject to the provisions of paragraph 547, decide whether personal service individually volunteered shall be accepted; and when accepted will direct how it shall be employed.

(h) He will recommend appropriate action upon applications for sick leave for officers and dentists, applications for sick furlough for enlisted men, and applications for furlough for members of the Hospital Corps.

(i) He will exercise general supervision over sanitary measures, and will issue (when thereunto authorized) or recommend the issue of orders containing general instructions regarding hygiene and camp sanitation.

(j) He will exercise general supervision over the instruction of the field army in personal hygiene and first aid.

(k) He will provide medical attendance at field army headquarters.

(l) He will devise appropriate measures for the shelter, supply, treatment, and transport of the sick and wounded, including suitable provisions to secure the retention of effectives at the front, and for the sending of noneffectives to the rear and their removal from the base; and will consult with the chief of staff and the heads of other staff departments in reference to the details of such measures.

(m) He will coordinate the medical administration of the front and of the line of communications, and to that end will keep continuously in touch with the chief surgeons of divisions and the line of communications.

(n) He will communicate with the Surgeon-General regarding medical arrangements for the movement of patients from the base of operations to home territory, and for the transport of Medical Department personnel and supplies from home territory to the base of operations.

(o) He will receive requisitions for medical and hospital supplies, through the chief surgeons of divisions and the line of communications, from the reserve medical supplies and the base medical supply depots, and will take appropriate action thereon as indicated hereinafter in paragraphs 789 to 795.

(p) With the approval of the Surgeon-General he may give authority for purchases in the local markets of medical and hospital supplies immediately necessary for the care of the sick and wounded and the prevention of the spread of disease.

(q) With the approval of the Surgeon-General he may receive voluntary contributions in money or kind for the benefit of the sick and wounded; and he may expend the same as he deems fit.

(r) He will examine accounts for supplies purchased in the field for the use of the Medical Department, and for services employed in the field under the Medical Department, and will put the same forward for settlement.

(s) He will obtain, and submit to the Surgeon-General, estimates of the amounts required in the field from the appropriation for construction and repair of hospitals.

(t) He will regulate disbursements from the hospital fund in the interests of the persons to whom it belongs.

(u) He will examine and audit the statements of the hospital fund, to which end he should verify the vouchers therewith and ascertain the propriety of the expenditures vouched for.

(v) He will in proper cases give authority under Army Regulations for the presentation of unserviceable medical property to an inspector for condemnation.

(w) He will examine reports of sick and wounded received from the chief surgeons of divisions and the line of communications (par. 447), initiate measures for their correction when necessary, make such notations and memoranda therefrom as may be needed for the purposes of his office, and forward them to the Surgeon-General.

(x) He will keep the prescribed records and make the prescribed returns and reports. (See par. 782.)

(y) When battle is impending he will take care that all medical units of the field army are freed for an advance, that the hospitals of the line of communications are cleared so that they may be available for new cases, and that sufficient medical supplies are concentrated in the immediate rear of the field army to meet the exigencies of the combat.

(z) He will perform such other duties as may be properly required of him by superior authority.

594. To enable him to act efficiently in any contemplated movement the chief surgeon should endeavor to obtain copies of all orders emanating from field army headquarters which would affect the work of his department.

595. He may when authorized so to do by his commanding officer issue orders and instructions in the latter's name concerning sanitary measures and medical administration.

596. When the situation is so serious either in respect to the service of the Medical Department or to the sanitation of the command as to require the personal attention and presence of the chief surgeon at some point other than headquarters, he should, under appropriate orders given therefor by the general in command, proceed to the said point at once and direct the necessary remedial measures.

597. When no chief surgeon of the line of communications is detailed, the chief surgeon of the field army will act as chief surgeon of the line of communications in addition to his other duties.

CHIEF SURGEON, DIVISION OR SEPARATE BRIGADE

598. The chief surgeon of a division is the medical and sanitary adviser of the division commander, whom he will keep informed concerning the work of the Medical Department of the division, and consult regarding all matters of importance connected therewith.

(a) He will direct the medical administration of the division. To that end he will have immediate charge of the medical personnel at division headquarters, will command the medical units of the division, and will exercise general control over the regimental medical service; and he will be held responsible for the proper and efficient management of the same.

(b) He will see that the authorized allowance of medical personnel is present with the division, and will promptly report any deficiencies therein to the chief surgeon of the field army.

(c) He will supervise the Red Cross and other voluntary-aid personnel on duty with the division.

(d) He will establish schools of instruction for the Hospital Corps of the division.

(e) He will devise measures for the instruction of the personnel of the division in personal hygiene and first aid, and supervise the execution thereof.

(f) He will issue (when thereunto authorized by the division commander) or recommend the issue of orders containing specific instructions regarding hygiene and camp sanitation.

(g) He will see that proper inspections are made of sanitary conditions in the division and of the medical units of the division. These inspections will ordinarily be made by the sanitary inspector, if there is one (see pars. 768 and 771), but when grave conditions arise the chief surgeon, under appropriate orders given therefor by the division commander, should proceed to the point or points involved, and in person direct the necessary remedial action.

(h) He will provide medical attendance at division headquarters.

(i) He will arrange a systematic and orderly service for the care and disposal of the sick and wounded of the division in camps, on the march, and in battle, having in view the retention of effectives at the front and the prompt removal of noneffectives to the rear.

(j) He will keep in constant touch with the chief surgeon of the line of communications, whom he should promptly advise from time to time of the number of patients who will require transportation to the rear, and of the field hospitals at which transport columns should report.

(k) He will be responsible for the proper supply of the medical department of the division, and will see that timely action is taken to replenish supplies before they are exhausted or unduly depleted.

(l) He will receive requisitions for medical and hospital supplies from Medical Department and other organizations of the division, and take appropriate action thereon as indicated hereinafter in paragraphs 789 to 795.

(m) He will examine reports of sick and wounded received from regiments and Medical Department organizations with the division

(par. 447), will make such notations and memoranda therefrom as may be needed for the purposes of his office, and will forward them to the chief surgeon of the field army.

(n) He will keep the prescribed records and make the prescribed returns and reports. (See par. 782.)

(o) For the efficient performance of his duties he should consult frequently with the chief surgeon of the field army and with the chief surgeon of the line of communications on subjects of common interest.

(p) When battle is imminent he will, by reference to maps and personal explorations, make himself familiar with its probable field, so that if the combat develops as expected he may be able without loss of time to decide upon the best situations for dressing stations, field hospitals, stations for slightly wounded, and reserve supplies.

(q) He will ascertain by timely inspections before the battle that the medical and other units of the division are well stocked with supplies, that the medical personnel is complete, and that the medical transport is in accordance with the regulation allowance and in good condition. He will arrange for the evacuation of the sick of the command who would encumber its movements in combat. Should he find the regulation transport insufficient he will take measures to supplement the same by the hire of local transport.

(r) He will, if necessary, in preparation for the battle, assemble the ambulance companies and field hospitals (the latter having been cleared of patients) close in the rear of the division where they may be immediately available.

(s) On the morning that a battle is expected he will arrange for the proper disposition of the sick. The places of assembly will usually be designated in the battle order, and ordinarily will be the station for slightly wounded or the nearest evacuation hospital.

(t) As the battle develops he will locate the dressing stations, field hospitals and station for slightly wounded, and report the same at once if practicable to the chief surgeons of the field army and the line of communications. Ordinarily it will not be possible to indicate the exact sites where such organizations should open, and his orders, while specific as to general location, should be framed so as to allow the directors of ambulance companies and field hospitals reasonable latitude in the premises. He will authorize the change of these locations from time to time as required by the progress and fluctuations of the combat.

(u) When the number of wounded requiring transportation toward the rear during and after the battle exceeds the capacity of the medical transport he will request the assignment of additional transportation.

(v) After an engagement he will immediately report losses in medical personnel to the division commander and will take proper measures to replace the supplies and equipment of the medical department of the division. He will free field hospitals of patients as promptly as possible, except those to be used as cantonment hospitals, in order that they may be ready for another engagement or a forward movement.

(w) He will perform such other duties as may be properly required of him by superior authority.

599. To enable the division chief surgeon to act efficiently in any contemplated movement he should endeavor to obtain from division headquarters copies of all orders which would affect the work of his department.

600. The chief surgeon of an independent division, or of one cut off from communication with headquarters of the field army, will perform for his division all the duties of the chief surgeon of the field army.

(a) The chief surgeon of a separate brigade will perform for his brigade all the duties of a division chief surgeon.

REGIMENTAL MEDICAL DEPARTMENT

(Including medical service with other troop units)

601. The regimental medical department is responsible for the execution of sanitary measures in connection with the regiment, and for the temporary treatment of the sick and wounded.

602. The regimental surgeon is in medical and sanitary matters the adviser of the regimental commander.

(a) He will, at suitable times set apart by the regimental commander, instruct the entire personnel of the regiment in personal hygiene and first aid.

(b) In time of war he will see that each officer and man of his regiment is provided with a first-aid packet, and that it is in good and serviceable condition.

(c) He will make timely requisition for the supplies and equipment required for his department, and will be held responsible for any deficiencies thereof due to his failure so to do.

(d) He will keep the prescribed records, and render from time to time the prescribed reports and returns. See paragraphs 395 and 784.

(e) On the march and in camp he will make frequent examinations of the sick with a view to their proper treatment and disposition.

(f) He will once a month, at such time or times as his commanding officer may designate, physically examine every soldier and civilian with the regiment for the early detection of infective disease.

(g) He will provide for the temporary isolation of patients suffering from dangerous infective disease, and their contacts, and for the prompt removal of such patients and contacts to places designated by the chief surgeon for their further isolation.

(h) During an engagement he will remain in touch with his command, and supervise the first-aid work therein.

(i) He will perform such other duties as may properly be required of him by superior authority.

603. If the regimental surgeon is placed on temporary special duty, his regimental duties will be performed by the senior medical officer remaining with the regiment.

604. The regimental surgeon will organize the sanitary personnel of the regiment into a *sanitary detachment*, and will direct it in the performance of such sanitary and hygienic work as may be necessary. When the amount of work to be done is large the sanitary detachment may, at the discretion of the regimental commander, be augmented by the employment of civilian labor under authority therefor obtained from the chief surgeon of the field army, or, in exceptional circumstances, by details from the line of the regiment.

(a) The principal duties of the sanitary detachment are:

The procurement or improvisation of field sanitary apparatus.

The destruction of mosquitoes.

The preparation and application of disinfectants.

The supervision of the water supply, and the supervision of its purification by appropriate means.

The supervision of sanitation of kitchens and cooking places.

The supervision of the preparation and care of latrines and urinals, of the filling in of the same when discontinued, and of the marking of old sites thereof.

The supervision of the collection, removal, and disposal of wastes.

The supervision of places for the washing of dishes and the supervision of the disposal of waste water.

The supervision of the police of bathing places.

605. *Sick call* will be held at the hour prescribed by the regimental commander. As the object of this call is to determine for his information what men are fit for duty it will be conducted expeditiously, and the surgeon's morning report of sick will be sent to the adjutant immediately upon its conclusion. The treatment of the sick will ordinarily be postponed until after the report has been sent in.

606. Under the direction of the regimental surgeon the sick and wounded will be given prompt attention and treatment.

607. The *regimental infirmary* is the ordinary provision during field service for the temporary protection and treatment of the sick of the command in camp; but it is not intended for the very ill, who in the event of a move would be an incumbrance to the command,

or for dangerous infective diseases. Serious cases, which can not be expected to recover within a few days, and cases of dangerous infective disease, will be promptly transferred elsewhere for treatment, in accordance with the directions of the division chief surgeon. The transportation and equipments of the regimental infirmary are indicated hereinafter in the supply table.

(a) The *regimental hospital* will ordinarily be used only when the regiment is so isolated that patients can not readily be transferred. Its usual transportation and equipments are indicated hereinafter in the supply table. This hospital is, however, really a small field hospital and its equipments and bed capacity may be increased as demanded by circumstances.

608. The sick and injured on the march will be disposed of in the manner indicated hereinafter in paragraphs 652, 738, and 739.

609. The duties devolving on the regimental medical personnel in combat are:

First aid to the wounded on the battlefield; the removal or the direction of wounded to places of comparative safety near the firing line; the establishment of a first-aid station; the removal or the direction of the wounded to and their simple treatment at such station; the direction of the return of the trivially wounded to the line; the direction of other slightly wounded to the dressing station, to the station for the slightly wounded, or elsewhere to the rear; and, in exceptional circumstances, the transportation of severely wounded to the dressing station.

(a) As the regiment advances into action the regimental medical personnel will be assembled in its immediate rear, with the band if the latter is assigned to duty in the sanitary service. The supplies consist of those carried on their persons by officers and men (including at least eight litters) and those transported by the pack animal for the first-aid station.

610. At the beginning of an engagement the wounded are cared for by the regimental sanitary troops. Those able to walk are directed to the rear; the others are taken to sheltered places as soon as possible, out of the way of advancing troops.—F. S. R., 303.

611. At this time, and during the whole course of the engagement in the case of a mounted command, the entire regimental medical personnel must accompany their troops. Accordingly the wounded will be treated where their wounds are received, and the medical personnel will pause, if the regiment is moving, only so long as is necessary to give the appropriate first aid.

(a) At later stages of the combat, however, except with mounted commands, first-aid stations will be established. This will be done as soon as the number of wounded becomes so great that the entire time of at least a portion of the regimental medical personnel will be required for the appropriate first-aid treatment. In this

event such part of the regimental medical personnel as does not remain at the first-aid station will accompany the line under fire.

(b) But one first-aid station will be established by each regiment or independent battalion or troop unit.

612. *The first-aid stations* are established under shelter by the regimental surgeons as near the firing line as possible.—F. S. R., 303.

(a) In locating this station it is of the highest importance that advantage be taken of the ground so that shelter from fire may be obtained. To a large extent distance from the firing line must depend on this consideration. It will be borne in mind that any structure liable to be knocked down by artillery fire is worse than none, and that the nearer the station is to the front the safer it will be from dropping shot and shell.

613. The first-aid station, which will often be but little more than a place for assembling the wounded, should not undertake elaborate or fixed arrangements for their care and treatment, as its personnel must keep in touch with the regiment and be prepared to close or move the station without delay when the regiment moves. The supplies should be so arranged, without entirely unpacking, as to be easily accessible, and at the same time in convenient form for immediate removal.

614. Of the regimental personnel, the senior medical officer and one junior, together with 3 noncommissioned officers and 7 privates, including orderlies, take post at the aid station; while the other junior or juniors, with a noncommissioned officer and orderly, and the remainder of the detachment, keep in touch with the firing line, tending the wounded so far as possible and removing the helpless to the station. If the members of the band are available, part may be detailed as bearers and the remainder at the station.

(a) As the regimental personnel must at all times retain close touch with their unit, no one belonging or assigned thereto will be permitted to go farther to the rear than the first-aid station except by authority of the regimental surgeon or division chief surgeon.

615. If the enemy's fire is such that the wounded can not reach the station, advantage is taken of trenches, ravines, and other inequalities of the ground affording temporary shelter, and the wounded are brought in during lulls in the firing or after nightfall.—F. S. R., 303.

616. The aid given prior to the establishment of the first-aid station, and that given on the firing line after its establishment, will consist of the application of the first-aid dressings, the immobilization of fractures if practicable, and the checking of dangerous hemorrhages.

617. The treatment given at the first-aid station will usually be limited to first aid for the wounded coming in from the front who have not already received it, and to the readjustment, if necessary, of

the dressings of those who have. Occasionally it may become necessary to ligate an artery or perform such emergency operations as tracheotomy. Fractures, if not previously immobilized, will be here put in splints. Restoratives and analgesics should be administered as required. Cases of shock will receive the usual treatment. Stimulating food and drink should be prepared if practicable.

(a) While as a rule only emergency operations will be attempted at this station, as indicated above, nevertheless under exceptional conditions, when the wounded are few, time permits, and the surroundings are such that clean surgical work can be done, more extensive dressings may be here applied. This will not only afford speedy relief to the injured, but will also reduce the burden of the dressing stations and field hospitals.

618. The regimental surgeon must not permit his station to become overcrowded. All wounded able to walk (except those with trivial wounds, who should return to the line) will be directed to the station for slightly wounded if the location of this station is known to the regimental surgeon. If it is not, the wounded may be directed to a dressing station or a field hospital, or simply to the rear. Wounded unable to walk will be delivered to the bearers of the ambulance company as soon as they arrive.

(a) Delay in getting in touch with the ambulance company may prompt the regimental surgeon to send a man to the rear to notify the ambulance company of his location. When practicable, especially in broken country, it will be desirable to give the messenger a rough sketch showing the site of the first-aid station and the roads leading to it.

619. If night falls before the battle is decided the regimental medical personnel, aided by bearers of the ambulance company, will take advantage of the darkness to reach wounded in advanced positions. Moreover, when necessary, the hours of darkness will be utilized to clear first-aid stations of wounded.

620. The closing or moving of the first-aid station rests on the decision of the regimental surgeon. In reaching his decision he should be governed by the primary necessity of always keeping in touch with the regiment.

(a) In the course of a battle, advance of troops may result in the first-aid station being separated so far from the line that it no longer can fulfill its purpose. In this case it must be advanced to a more favorable location. Ordinarily the wounded left behind will be looked after by the advancing ambulance company, though if it is apparent that this will be long delayed a small portion of the regimental personnel may be detailed to remain with them. Similar action will be taken in case of retreat.

621. The medical departments of other troop units will be governed by the foregoing regulations for the regimental medical department, adapted to suit the case.

THE DIRECTOR OF AMBULANCE COMPANIES

622. This officer is immediately under the division chief surgeon and is the latter's executive in respect to the ambulance companies of the division. He will have general charge of these companies and will be responsible for the proper coordination of their work.

623. He will satisfy himself by frequent inspections that all the ambulance companies have their regulation allowance of personnel, supplies, and equipment, that the personnel is properly instructed, and that the supplies and equipment are in good condition. In case of deficiency in any particular he will promptly report the same to the division chief surgeon.

624. On the march he will ordinarily accompany the ambulance company in advance. On going into bivouac or camp he will usually remain with the company which he accompanied on the march. Should his duties require him to go elsewhere, he will promptly advise the division chief surgeon where he can be found.

625. His duties during and immediately after combat comprise supervision of the removal of the wounded from the first-aid stations (and in emergencies from the front), and their care and treatment en route, via the dressing stations, to the field hospitals. His activities cover therefore the entire zone between the firing line and the field hospitals, with the terrain of which he should make himself familiar, and he will proceed from point to point thereof as his presence may be required. As far as practicable he will keep the division chief surgeon apprised of his movements.

(a) He will, under the chief surgeon's authority, direct the opening of dressing stations, at the places decided upon. Under the same authority he will direct such changes in the location of these stations as may be necessary during the battle, and their closing and the reassembling of the several units for movement with the division as soon as practicable after its conclusion.

(b) To be able to make suitable arrangements for the prompt collection of the wounded and their expeditious conveyance to the field hospitals he must at all times, if practicable, maintain communication with the regimental surgeons and the director of field hospitals of the division.

THE AMBULANCE COMPANY

626. The general function of the ambulance company is to collect the sick and wounded of the mobile forces and to transport them to the field hospitals. It should therefore remain in close touch with the

troops, and be kept in a constant state of readiness to move promptly with them.

627. The ambulance companies will be numbered from 1 upward in a single consecutive series for the entire military establishment. While assigned to mobile forces they will be further distinguished by adding the designation of the division or other unit to which they are assigned, as "Ambulance Co. No. 37, 3d Division, 1st Field Army."

628. The commanding officer of the ambulance company is under the immediate orders of the director of ambulance companies, when there is one; otherwise, he is under the immediate orders of the division chief surgeon. His duties, so far as the personnel of his company are concerned, are those of a company commander. He should assign his subordinates to appropriate duties. (See par. 580a.)

(a) He will make timely requisitions for the supplies and equipment required for his company, its personnel and patients, and will be held responsible for any deficiencies thereof due to his failure so to do.

(b) He will be held responsible for the proper care, use, and expenditure of public property issued to the company or coming into its possession.

(c) He will keep the prescribed records, and render from time to time the prescribed reports and returns.

(d) He will be held responsible for the collection of the wounded and their treatment at the dressing stations, and will direct proper measures for their transportation to the field hospitals and their comfort and well-being en route.

(e) He will perform such other duties as may properly be required of him by superior authority.

629. The company commander will require his subordinates to observe and obey the terms of the Red Cross convention (par. 802 hereinafter) so that his company shall not forfeit its immunities thereunder.

630. The duties of the ambulance companies are:

1. To establish and operate the dressing stations.
2. To help the regimental personnel at the front.
3. To carry the wounded on litters to the dressing stations or the farthest point reached by the ambulances, and thence in ambulances to the field hospitals.—F. S. R. 303.

631. In combat each ambulance company operates in two parts—the dressing-station party and the ambulance company train, respectively.

(a) Each dressing-station party, with pack-mule transportation carrying the equipment of the dressing station, will accompany troops into action as directed by the division chief surgeon.

(b) Each ambulance company train will likewise be advanced to the front under the same direction. While the ultimate destination

of the train is the dressing station, not infrequently it will be necessary to halt it considerably in rear thereof until the opportunity to advance presents itself.

632. The *dressing stations* are established by the ambulance companies under instructions from the chief surgeon after the latter has consulted with the division commander. If possible, they are placed out of range of rifle fire, with good protection from artillery fire, and where they can be reached by the ambulances, but as near the first-aid stations as practicable.—F. S. R., 303.

633. Effective shelter from fire is their chief desideratum. A location need not be condemned because ambulances can not reach it without being exposed to the enemy's fire, for the greater part of the work of the ambulances is always after the close of the battle. The vicinity of artillery positions should be avoided, as such positions will be special marks for the enemy. A good road to the station, or at least one available for ambulances, is desirable, as well as a good water supply. Buildings will always be used when practicable.

634. Exact rules can not be formulated as to the time when the dressing station shall be opened. Generally speaking, when the advance has ceased and the wounded are so numerous that they can no longer be cared for by the regimental personnel the time has come for opening the station.

(a) The division chief surgeon will decide how many stations shall be opened.

(b) The director of ambulance companies will supervise the opening of the several dressing stations, giving the necessary orders therefor to the commanders of the ambulance companies, and will report their opening to the division chief surgeon.

635. As soon as the station is opened its bearers under the direction of a medical officer proceed to the front as far as the enemy's fire permits. Habitually, they will be divided into as many sections as there are first-aid stations, each under a noncommissioned officer, and one section will proceed toward each aid station.

(a) They direct walking wounded to the station for slightly wounded, carry to the dressing station wounded who have become exhausted on their way to the rear, and transport other wounded requiring it from the first-aid to the dressing station. When practicable, they also assist the regimental medical personnel in the care and removal of wounded from points in advance.

(b) Meanwhile the commanding officer of the company with the dressing station personnel proceeds to put the dressing station in condition to receive patients. When possible for wheeled transportation to reach the dressing station, a message should be sent to the officer in charge of the ambulance train directing him to report at the station with ambulances and wagons.

636. The work of the dressing station is carried on under the following departments:

- Dispensary.
- Kitchen.
- Receiving and forwarding department.
- Slightly wounded department.
- Seriously wounded department.
- Mortuary.

(a) As soon as possible stores which will be required will be unpacked and conveniently arranged for use.

(b) Arrangements will be made at once for the preparation of food for all wounded.

637. All wounded will pass through the receiving and forwarding department, where they will be disposed of as follows:

(a) The wounded whose injuries are not sufficient to incapacitate them for the present performance of their military duties will, after receiving, when practicable, the necessary treatment, restoratives, and food, be directed to return to their units, and the fact that such directions have been given them will be noted upon their diagnosis tags. Other slightly wounded able to walk will, after like treatment, be immediately directed to the rear in command of their highest ranking officer or soldier. Generally, they will be sent to the station for slightly wounded, but at the discretion of the division chief surgeon and in accordance with his orders transmitted to the director of ambulance companies they may be sent to a field, evacuation, or base hospital, or to report direct to a transport column.

(b) Slightly wounded not able to walk, and seriously wounded, will be sent to their respective departments and will be placed under shelter until transportation is available for them. Advantage should be taken of this opportunity to provide for their treatment and food.

638. At the dressing station only such operations will be performed as may be immediately required to save life or to render the patients fit for further transportation. Permanent occlusive dressings may be applied if time permits. The rules to be followed generally are that no operative or other interference should be attempted under conditions of bad asepsis or antisepsis and that no wounded for whom transportation is available should be unnecessarily delayed at the dressing station. Conditions in these respects must vary widely in different battles; when there are good facilities for the surgical treatment of cases and at the same time lack of transportation for wounded it would manifestly be proper to give them definitive treatment.

639. Diagnosis tags may be prepared or supplemental records made thereon in the receiving and forwarding department, the department for seriously wounded, or the department for slightly wounded.

640. Dead will be sent from the receiving and forwarding department to the mortuary.

641. A memorandum showing the number of patients received and their disposition will be kept in the receiving and forwarding department.

642. Every effort will be made to prevent the crowding of the station, all available transport being immediately utilized to clear it.

643. Ambulances are for the transportation of the sick and injured, the necessary nurses or attendants on duty therewith, the instruction of the Hospital Corps, and, in urgent cases, for the transportation of medical supplies; and all persons are prohibited from using them, or requiring or permitting them to be used for any other purpose whatever. It is the duty of officers of the ambulance service to report any violation of this paragraph.—F. S. R., 303.

(a) Ambulances must reach the station as early as possible even at the risk of losses. Ordinarily, ambulances will carry wounded only from the dressing station to the nearest field hospital, immediately returning to the former; any other destination for wounded must be prescribed by the division chief surgeon.

644. When the ambulances are insufficient the commander may place other transportation at the disposal of the Medical Department.—F. S. R., 303.

(a) In this case the division chief surgeon should request the division commander to permit the medical department to make use of part, or all, of the transportation of the division on its return from the front.

(b) The officer in charge of the receiving and forwarding department will usually decide whether wounded requiring transportation are to be carried in ambulances or other vehicles, and will supervise their loading.

645. During the daytime when a battle is still in progress, it will very rarely be possible for ambulances or other wheeled vehicles to advance farther to the front than the dressing station. Opportunity to have them do so will however sometimes occur at night, and on the conclusion of an engagement they should always be used, as far as may be, at all points on the battlefield.

646. To prevent further injury it is important that the wounded should be handled or otherwise disturbed as little as possible in the course of their transportation to the rear. No wounded man once placed on a litter should be removed from it without evident necessity until he reaches the field hospital, whether he is transported by ambulance or otherwise.

647. While authority to close a dressing station or to move it must ordinarily be obtained from the division chief surgeon, nevertheless under exceptional conditions, when communication with the chief surgeon is interrupted, the director of ambulance companies, should there be one, or there being no director, the commanding officer of the

ambulance company, may, if he deems the emergency requires it, close or move the station at discretion. In this case the chief surgeon will be notified as soon as possible of the action taken.

(a) Should it be impossible to evacuate the wounded at a dressing station before it is closed or moved, by reason of retreat or otherwise, the commanding officer of the ambulance company will leave with the wounded according to their number and condition (except when the dressing station is replaced by a field hospital—see paragraphs 658*c* and 795*a*) sufficient medical personnel and supplies to provide for their immediate necessities, and will advance or withdraw with the division the remainder of the personnel and equipment.

THE DIRECTOR OF FIELD HOSPITALS

648. This officer is, like the director of ambulance companies, immediately under the division chief surgeon, and is the latter's executive in respect to the field hospitals of the division. His supervision over the field hospitals is similar to that exercised by the director of ambulance companies over those companies.

649. He will ordinarily accompany the field hospital in advance on the march, and remain with it in camp. During and after battle he should usually be found with the field hospital caring for the greatest number of wounded, but he will proceed from hospital to hospital as the exigencies of the situation may require. He will keep the division chief surgeon informed of his movements.

650. He should at all times, if practicable, maintain communication with the director of ambulance companies to enable that officer to make suitable arrangements for the removal of patients from the front; and with the proper transport columns and the nearest hospital on the line of communications, to promote the rapid evacuation of patients to the rear.

THE FIELD HOSPITAL

651. The primary function of the field hospital is to receive the seriously wounded from the firing line, via first-aid and dressing stations, to care for them while they remain in the zone of conflict, and to prepare them for transportation to the rear. The place of the field hospital therefore is with the divisional troops advancing toward combat, and ordinarily it must not be immobilized by undertaking the permanent care of the sick and injured.

652. On the march and in temporary camps, however, the field hospitals are the nightly collecting points for the divisional sick and injured who are unable to continue the march, and must provide for the care of such patients until they can be turned over to the medical service of the line of communications or to a local hospital or hospitals. (See par. 738.) The use of the field hospitals for this purpose should be carefully regulated by the division chief surgeons.

(a) So far as practicable, in each division only one field hospital at a time will be used in this service, leaving the others entirely free of patients. Furthermore, only so much of the matériel of the field hospital assigned to this work should be unpacked as is required to properly care for the patients actually in the hospital and their necessary attendants who are to remain behind when the division moves on. The number of personnel detailed to remain will be as small as possible.

(b) The matériel which has not been unpacked and the personnel who have not been detailed to remain with the patients will move on with the division when the latter moves.

(c) Every effort will be made by the chief surgeon of the division to promptly dispose of the patients left behind. Should unusual delay in turning them over to the medical service of the line of communications supervene, temporary provision for them should be arranged for in civil hospitals of the locality, or otherwise, as may be most practicable, until the medical units of the line of communications can come up and take them over.

(d) The personnel detailed for the temporary care of such patients will as soon as the patients are disposed of immediately rejoin the hospital.

(e) The station of the commanding officer of the hospital will be with its main body.

653. A field hospital may also be used under the direction of the division chief surgeon as a cantonment hospital (see par. 741) or some of its personnel and supplies may be utilized for such a hospital.

654. The field hospitals will be numbered and designated like the ambulance companies (par. 627).

655. The commanding officer of the field hospital is under the immediate orders of the director of field hospitals, when there is one; otherwise, he is under the immediate orders of the division chief surgeon. His duties, so far as the personnel of his hospital are concerned, are those of a company commander. He should assign his subordinates to appropriate duties as indicated in paragraph 582.

(a) The commanding officer will make timely requisitions for the supplies and equipment required for his hospital, its personnel and patients, and will be held responsible for any deficiencies thereof due to his failure so to do.

(b) He will be held responsible for the proper care, use, and expenditure of public property issued to the hospital or coming into its possession.

(c) He will keep the prescribed records and render from time to time the prescribed reports and returns.

(d) On the receipt of orders from competent authority, he will direct the unpacking of the wagons for the establishment of so much

of the hospital as may be needed. He will give proper orders for its repacking and reloading when it is to be disestablished and the march resumed.

(e) He will be held responsible for the care of all patients in his hospital, and he should superintend their admission, return to duty, or transfer to a transport column for transportation to the rear. During their continuance in his hospital he should, by frequent examinations, safeguard their proper treatment and assure their preparation for early evacuation.

(f) He will perform such other duties as may properly be required of him by superior authority.

656. In combat the duties of a field hospital comprehend:

Opening and preparation of site.

Reception of wounded.

Providing shelter for wounded for a longer or shorter period.

Preparation of food.

Extensive, and in numerous cases, definitive treatment.

The sending of selected cases to the rear and the delivery of cases to other organizations.

Closing.

(a) When necessary for the performance of these duties, the personnel of field hospitals in operation may, by direction of the division chief surgeon, be reinforced from field hospitals which are not open.

657. Previously to the battle, the chief surgeon of the division will have assembled his field hospitals, cleared of patients, close in the rear of the division (par. 598*r*), from which position they will advance, under his direction, as the battle develops, to the locations selected for their establishment (par. 598*t*).

(a) Each field hospital should reach its designated place as soon as possible, but it should not be opened until orders to open are received.

658. The field hospitals are assigned stations by the division commander, or by the chief surgeon in the absence of instructions. They are centrally located and beyond the zone of conflict, usually 3 or 4 miles in rear of the dressing stations.—F. S. R., 303.

(a) Field hospitals should be easily seen and reached from front and rear, and yet not in the way of troops and trains. An ample supply of good water is necessary, and suitable buildings are of great advantage. Such buildings should be utilized first, and only so much tentage put up as may be required.

(b) If the enemy retires, field hospitals will be established, if possible, near the dressing stations having the greatest number of wounded.

(c) A field hospital moved forward under the direction of the chief surgeon of the division to replace a dressing station will take over all the patients of the dressing station so replaced. It will also replace

all articles in use at such dressing station, so that the ambulance company by which the station was established may move with its equipment complete. See paragraph 795a.

659. The time when field hospitals should open will be determined by the division chief surgeon, who will communicate his orders in the premises to the director of field hospitals, should there be one, or, there being none, to the commanding officers of the hospitals concerned.

(a) Only one will, as a rule, be opened early in the battle. This will be done as soon as it becomes evident that the number of wounded will be greater than can be attended by the advanced medical personnel. The other field hospitals should not be set up until the necessity for them is apparent.

660. On the receipt of an order to open a field hospital, the following departments will be created:

Dispensary.

Kitchen.

Receiving and forwarding department.

Slightly wounded department.

Seriously wounded department.

Operating room.

Mortuary.

Transportation department.

(a) At the dispensary, drugs and dressings, as required, will be made ready for use.

(b) In the kitchen, preparation will be immediately made for food for both patients and personnel.

(c) The receiving and forwarding department is the administrative office of the hospital. A suitable room or tent should be selected for it.

(d) Rooms or tents will promptly be made ready for the departments for the slightly wounded and the seriously wounded. The better quarters should be assigned to the latter.

(e) The room selected for an operating room will be quickly put in condition for clean operating, or if a tent is used, this will be properly prepared with the same object in view.

(f) The site selected for the mortuary should be at some distance from the other buildings or tents.

(g) The transportation department, where all transport will be assembled, should be in close proximity to the receiving and forwarding department.

661. The slightly wounded, able to walk, arriving at the field hospital will be sent to the rear immediately. The destination of such wounded will be fixed by the division chief surgeon and will usually be the station for slightly wounded; but they may be directed to report

to a transport column or to an evacuation or base hospital. These wounded will not be regarded as admitted to the field hospital and will not be registered on its register of patients.

662. The seriously wounded, and the slightly wounded unable to walk, reporting at the field hospital will be received at the receiving and forwarding department, where they will be assigned to the proper departments for treatment. They will be registered conformably to the general rule (par. 417).

(a) The field hospital is the first place near the firing line where hospital treatment may be given the wounded; but, as the hospital may have to be moved, and its facilities are not comparable with those of the evacuation and base hospitals, operative procedures that can be postponed until the wounded reach the latter should not be attempted. Under ordinary battle conditions, therefore, operations at this hospital should be such only as are needed to fit the patients for transportation to the rear. Many extensive dressings will, however, be required under all circumstances. All operations should be done under the strictest antiseptic or aseptic precautions, and every effort made to dress cases so that they will not require redressing for some time.

663. Dead should be promptly removed to the mortuary.

664. Field hospitals are evacuated as rapidly as possible, patients that can not be returned to duty being transferred to the evacuation hospitals.—F. S. R., 303.

(a) In appropriate cases the director of field hospitals may order field hospitals in advance to evacuate their patients into field hospitals established farther to the rear.

665. Every opportunity should be taken in the case of wounded unable to walk to transport them to the rear.

(a) Ordinarily they will be turned over to a transport column; but the returning transport of the division may be utilized for this purpose in the same manner as at the dressing stations (see par. 644).

(b) The evacuation of field hospitals by ambulance companies must as a rule await the conclusion of the combat.

666. When the number of wounded is very great, and the transportation facilities are bad, with no rear hospitals to relieve field hospitals, the latter will, despite all efforts, sometimes become crowded with wounded which they can not dispose of. In this case the division chief surgeon will be compelled to concentrate all wounded in one or two field hospitals, so as to free the others for an advance. The hospitals left behind will be required to clear themselves as soon as possible and to rejoin their division.

667. If necessary to replace a field hospital by an evacuation hospital an exchange of equipment will be effected and the field hospital organization will be released to follow the division to which it is attached. (See pars. 705*a* and 795*a*.)

668. Field hospitals ordered to close or to move will dispose of their patients as directed by the chief surgeon.

(a) Should it be impossible to evacuate a field hospital before it is closed or moved, by reason of retreat or otherwise, its commanding officer will take action similar to that prescribed for dressing stations in the like contingency in paragraph 647a.

669. The opening, moving, and closing of field hospitals will be reported by their commanding officers, through the director of field hospitals, should there be one, to the division chief surgeon, who will report the same in turn to the chief surgeon of the field army, and when necessary to the chief surgeon of the line of communications.

670. On the conclusion of the engagement, a field hospital may be temporarily immobilized by order of the division commander on recommendation of the division chief surgeon, in which case it will provide for wounded as do other permanent hospitals.

THE STATION FOR THE SLIGHTLY WOUNDED

671. A station for the slightly injured is designated by the commander when practicable, otherwise by the chief surgeon. It is established to relieve dressing stations and field hospitals of the slightly wounded who can walk and require but little attention. It is conspicuously marked so that it can be readily found.—F. S. R., 303.

(a) It sometimes performs a secondary function also as a place of assembly of the sick of the division on the morning that battle is expected.

672. This station is a transient divisional organization on the battlefield, it has no permanent personnel or fixed or permanent equipment, and it keeps no records.

673. Its supplies will be obtained by transfer from the reserve medical supply or a field hospital, conformably to paragraph 795, as may be determined by the chief surgeon of the division.

674. The personnel for the station will be detailed from the regimental service of the division upon the recommendation of the chief surgeon of the division immediately before the engagement, and will ordinarily consist of one medical officer, two noncommissioned officers, and eight privates.

675. It should usually be opened earlier than the dressing stations or field hospitals of the division, in order to be ready for the divisional sick and for the slightly wounded, who will normally be the first to find their way back from the line of fire.

676. It should ordinarily be about the same distance from the front as the field hospital nearest the firing line, but it should not be opened where a dressing station or field hospital is likely to be located, in order thus to avoid excessive demands on the local resources in the way of buildings, etc.

(a) Whenever possible a large building should be selected for it.

(b) When not fixed in orders the division chief surgeon must take necessary measures to inform the medical officers at the front of the location of the station for the slightly wounded, so that the wounded able to walk may receive proper instructions to enable them to find it.

677. Extensive preparations at this station are unnecessary. A tent should be erected, if no building is available, where dressings may be applied or readjusted with regard to asepsis; the dressings, restoratives, and stimulants likely to be needed should be made easily accessible; and arrangements for preparing soups and other simple foods provided. Little more will here be required under any circumstances.

678. All sick and wounded arriving at the station will be allowed to rest. Wounds will be dressed or redressed, as may be necessary, and restoratives and easily prepared foods will be given them. A note of the treatment given will be made on their diagnosis tags, or if they have not been tagged, tags will be prepared at this time.

679. As soon thereafter as possible wounded at the station will be collected into groups, each to be put in charge of an officer or non-commissioned officer, or ranking private, who will be directed to report his group to a transport column or to an evacuation or base hospital, as may have been indicated by the division chief surgeon.

(a) Minor cases requiring no further treatment, or only slight treatment, will, however, be directed to return to their organizations, and the fact that such directions have been given them will be noted on their diagnosis tags.

(b) Should any of the sick and wounded at the station for the slightly wounded be found too much exhausted or too badly hurt to go farther afoot, the commanding officer of the station will report them to the nearest field hospital.

680. Upon the conclusion of the engagement the personnel of the station will return to their units, the supplies remaining will be disposed of as directed by the division chief surgeon, and the commanding officer of the station will make the report prescribed by paragraph 786.

THE RESERVE MEDICAL SUPPLY

681. The reserve medical supplies are movable depots, one accompanying each division of mobile troops. They will be numbered and designated like the ambulance companies (paragraph 627). Their function is to furnish medical and hospital supplies to the organizations of the divisions which they respectively accompany.

682. The officer in charge of the reserve medical supply is under the immediate orders of the chief surgeon of the division. He will assign his men to appropriate duties. (See par. 584.)

(a) He will make timely requisitions to provide against shortage in his depot, and will be held responsible for any deficiencies due to his neglect so to do.

(b) He will be responsible for the proper care, use, expenditure, and issue of all public property received at his depot.

(c) He will keep the prescribed records and render from time to time the prescribed reports and returns.

(d) He will issue medical and hospital supplies as directed by the chief surgeon of the division upon approved requisitions.

(e) He will perform such other duties as may properly be required of him by superior authority.

683. When the division moves the reserve medical supply will move with it. Ordinarily the reserve supply will march with the supply train of the division, but it may move independently when necessary, under orders therefor given by the division chief surgeon under the authority of the division commander. When it is necessary for the time being to establish the station of the reserve supply at a fixed point such station will be located by the division chief surgeon under like authority. The reserve supply should be so placed in this event that it may be conveniently supplied from the rear, and at the same time be easily accessible to the divisional medical units and sanitary personnel from the front. Good buildings should be secured for it when practicable.

684. So far as possible the transportation of the various organizations at the front should be used in obtaining supplies for such organizations from the reserve medical supply.

MEDICAL SERVICE OF THE LINE OF COMMUNICATIONS

685. The service is under the immediate control of the chief surgeon of the line of communications. It includes the evacuation of the field hospitals, establishment and operation of base and other hospitals, casual and convalescent camps, transportation of patients, return to the front of the men fit for duty, transfer to general hospitals or home stations of men gravely or permanently incapacitated, and the procuring and forwarding of medical supplies.—F. S. R., 306.

CHIEF SURGEON, LINE OF COMMUNICATIONS

686. The functions of the chief surgeon of the line of communications with respect to the medical and sanitary administration thereof are similar to those of the chief surgeon of a division with respect to the division, and will be governed by the regulations for the latter (see par. 598) adapted to the differences of situation.

(a) The chief surgeon of the line of communications will have general charge of the transportation of patients from the field hospitals to the evacuation, base, and other hospitals on the line of communications, and will take special care that patients are never without

medical attention during transfer from one Medical Department organization to another. To promote the expeditious and comfortable transfer of patients from the front, and on the line of communications, he will utilize his transport columns, hospital trains, and hospital ships to the fullest extent necessary, and, under his commanding officer's authority, will organize such trains for patients and procure such ships or boats for patients as may be required. If the means of transportation so provided are insufficient for the number of patients to be moved after a battle he will, under like authority, procure such additional vehicles as may be available in the vicinity, and direct their operations until the emergency is past.

(b) Under all circumstances he should maintain close touch with medical organizations at the front, and make suitable arrangements to relieve them promptly of the sick and wounded left behind.

(c) He will supervise the care and treatment of all patients during their stay on the line of communications. In order that they may receive the necessary care and attention he will, with his commanding officer's approval, establish such hospitals and convalescent camps as may be required to effect this purpose, bearing in mind that patients with minor affections should be retained as near the front as possible, and that sufficient beds to accommodate such patients, as well as the more severe cases arriving from the front, should be provided for his most advanced hospitals.

(d) He will direct measures for the segregation of patients suffering from dangerous infective diseases, and when their number warrants it will, with his commanding officer's approval, establish one or more hospitals for their isolation and care.

(e) He will institute measures for the establishment of casual camps for sanitary troops as needed.

(f) With his commander's approval, he will organize sanitary squads and establish field laboratories, as required, and will supervise their work.

(g) He will see that the medical supply depots at the base of operations and on the line of communications keep on hand medical and hospital supplies sufficient for the needs both of the line of communications and the front, and will direct timely measures for the renewal thereof before the same are exhausted or unduly depleted.

(h) He will receive requisitions for medical and hospital supplies from Medical Department organizations on the line of communications and from the chief surgeon of the field army, and will take appropriate action thereon as indicated hereinafter in paragraphs 789 to 795.

(i) He will see that issues on approved requisitions are promptly made and the supplies moved to the organization requiring them.

(j) He will keep in touch with division chief surgeons, so that his work may be coordinated with theirs.

(k) He will advise the chief surgeon of the field army of the location and establishment of Medical Department units on the line of communications, and keep him constantly informed concerning all important matters of medical and sanitary administration on the said line.

(l) When battle is impending he will clear his evacuation hospitals, and his base hospitals as far as necessary, so that room may be available for wounded from the front; he will assemble near the front his transport columns and evacuation hospitals, and he will advance supplies to points where they may be readily available for the divisional reserve medical supplies.

(m) After the battle or during its course he will replace the field hospitals promptly, moving his evacuation hospitals to the proper points for this purpose.

(n) He will perform such other duties as may properly be required of him by superior authority.

687. To enable him to perform these duties efficiently he should endeavor to obtain from headquarters of the line of communications copies of all orders which would affect the work of his department.

THE TRANSPORT COLUMN

688. Transport columns are Medical Department units belonging to the line of communications and under the supervision of the chief surgeon thereof. They are allowed in the proportion of one to each division at the front. They will be numbered consecutively for each field army from 1 upward, designating also the field army to which they belong, as "Transport Column No. 1, 3d Field Army."

689. The primary function of the transport column is the evacuation of field hospitals and the transportation and care of patients en route therefrom to evacuation, base, or other hospitals on the line of communications, or to points with train or boat connections for rail or water transport to such hospitals. They will not ordinarily be used to clear evacuation hospitals.

690. On the march transport columns or such parts thereof as may be necessary will be brought up to clear field hospitals of patients collected by the latter (par. 652) and to take them to points on the line of communications as directed by the chief surgeon thereof, thereupon again moving toward the front for the same purpose.

691. When battle is soon to occur it will usually be necessary to greatly increase the number of vehicles and bearers of the transport columns. This increase will be provided under his commander's authority by the chief surgeon of the line of communications.

(a) Should the number of patients requiring transport during and after the engagement exceed the capacity of the column, similar measures to augment it should be taken at that time under like authority.

692. Just before a battle commences all the transport columns should be located at advanced positions on the line of communications.

693. At the proper time or times during or after the battle each transport column, under instructions given therefor by the chief surgeon of the line of communications, will proceed to the designated field hospital or field hospitals which it is to evacuate, will report to the commanding officer or officers thereof, will receive the patients who are to go to the rear, and in due course will deliver them to the Medical Department organization which is designated for their further care.

(a) The transport column will receive and provide for all patients turned over to it by a field hospital.

(b) It will also receive and provide for the slightly wounded able to walk who report to it by proper authority from the dressing stations, the station for the slightly wounded, or other places on the field.

694. The assignment of the sick and wounded to the various kinds of transport (automobiles, four-wheeled ambulances, wagons, country carts, bearers, etc.) will be made by the commanding officer of the transport column according to their condition. In doubtful cases the authorities of the hospital should be called upon for necessary information.

695. When the distance to be traveled by the column is more than a day's march, or the condition of the patients requires it, the column will establish the necessary *rest stations* at convenient points on the route. It will, when directed by the chief surgeon of the line of communications under the authority of his commanding officer, also establish rest stations at railway stations or boat landings where patients are to be transferred to trains or boats.

(a) Rest stations established by transport columns will occupy any buildings available.

(b) Rest stations are intended only for the temporary care and treatment of patients until they can be transported further. Ordinarily the duties of these stations will be limited to the readjustment of dressings and the supplying of food and shelter to patients. Emergency operations may, however, be performed at them when required to better fit patients for further transportation.

(c) When patients must be left at a rest station sufficient personnel and equipment to provide proper care for them will also be left, and the chief surgeon of the line of communications at once notified.

696. The commanding officer of the transport column is under the immediate orders of the chief surgeon of the line of communications. His duties, responsibilities, and relations with respect to the personnel and matériel of his column and the patients under his charge en route are analogous to those of the commanding officer of an ambulance company (par. 628).

THE EVACUATION HOSPITAL

697. The evacuation hospitals are Medical Department units belonging to the line of communications and under the supervision of its chief surgeon. Twice as many evacuation hospitals will be mobilized as there are divisions at the front.

698. The evacuation hospitals will be numbered like the ambulance companies (par. 627). While assigned to mobile forces they will be further distinguished by adding the designation of the field army to which they are assigned, as "Evacuation Hospital No. 21, 3d Field Army." When established they will receive also a geographical suffix, giving the name of the city or town where they are established, or if not in a city or town, but in the vicinity of a mountain or on the banks of a watercourse, the name thereof.

699. The primary function of the evacuation hospital is to replace field hospitals so that the latter may move with their divisions, or to take over their patients with the same object in view. So far as it would not interfere with this function the evacuation hospital may under the direction of the chief surgeon of the line of communications be used for ordinary hospital purposes on the line of communications.

(a) When it is necessary to provide hospital facilities at any points on the line of communications at a distance from a railway, an evacuation hospital will ordinarily be established for this purpose, in preference to a base hospital, as the equipment of the former is better adapted to transportation.

(b) An evacuation hospital may also, with the approval of the commanding officer of the line of communications, be set apart by his chief surgeon for the isolation and treatment of cases of infective disease.

700. An evacuation hospital may or may not be established on a railway line or navigable stream. Such location is as a rule preferable for its advantages in the transportation of patients and supplies, and in the moving of the hospital when necessary; but this preference must, of course, yield to the military situation.

(a) Whether established near or remote from railway or navigable water, care should be taken to choose a site with good access by road for wheeled transport, with an abundant supply of good water, and with sufficient firewood according to the needs of the season if local fuel is relied upon.

(b) When suitable buildings are available in the vicinity where an evacuation hospital is to be opened it will as a rule be established in them.

701. The places where evacuation hospitals are to be established will be determined by the chief surgeon of the line of communications under the authority of his commanding officer. They will be moved by the chief surgeon's direction under like authority.

702. Before a battle all evacuation hospitals, which should have been cleared for this purpose (par. 686*l*), will be brought forward to advanced points on the line of communications. There they will remain in readiness for opening or further advance as directed by the chief surgeon of the line of communications under his commanding officer's authority.

703. Evacuation hospitals which have been opened should not be moved during combat except: First, when the field hospitals have been so far advanced during its progress that the transportation of the wounded from them to the evacuation hospitals has become impracticable; second, when the natural route for the evacuation of wounded from the front no longer passes through them; or, third, when the field hospitals are so overwhelmed with wounded that it is necessary to replace them immediately.

704. At the end of the engagement evacuation hospitals should, when necessary, be promptly moved to replace the field hospitals (par. 686*m*), in order to give better treatment to patients than the more limited facilities of the field hospitals afford.

705. In moving an evacuation hospital forward during or at the close of an engagement to replace a field hospital, the availability of good buildings and other conveniences for its use will fix its site rather than the exact location of the field hospital.

(a) An evacuation hospital moved forward under the direction of the chief surgeon of the line of communications to replace field hospitals will take over all the patients of the field hospitals so replaced. It will also replace all articles in use at such field hospitals so that the latter may move with their equipment complete. (See pars. 667 and 795*a*.)

706. The duties of an evacuation hospital when opened are similar to those of a field hospital in combat (par. 656), and corresponding departments will be created (par. 660).

(a) The character of the surgical treatment to be given to wounded therein will vary widely under different conditions. When during battle many wounded are being received the treatment afforded will hardly be more extensive than that of field hospitals, viz., emergency operations and better preparation for transport. When few wounded are coming in, and there is no probability of an early move, complete treatment may be given even during battle.

707. Serious cases calling for protracted treatment, and all patients permanently incapacitated, should be sent to the rear from evacuation hospitals used for ordinary hospital purposes on the line of communications, as soon as their condition permits.

(a) When battle is expected active measures of evacuation should be employed to clear the evacuation hospitals in use so that they may be ready for movement toward the front.

(b) During battle all patients in evacuation hospitals who are fit for transportation should be hurried to the rear as soon as possible to make room for new cases from the front. It will rarely be possible for evacuation hospitals to send slightly wounded back to their organizations during combat, but every opportunity should be taken to do so in order that such wounded shall not become further separated from their commands.

708. Evacuation hospitals ordered to close or move will dispose of their patients as directed by the chief surgeon of the line of communications.

709. The necessary conveyances and supplies for the transportation of patients to the rear from evacuation hospitals will be procured by the chief surgeon of the line of communications, who will also assign the personnel to attend them. Such conveyances, supplies, and personnel must not, however, be taken from the evacuation hospital, which could not be so depleted without imperiling the front; but when the evacuation hospital is situated on a railroad the loading of patients on trains will usually devolve upon it.

710. Two or more evacuation hospitals to be established in the same city, village, or neighborhood may be combined under the command of their senior medical officer when the chief surgeon of the line of communications deems that course expedient.

711. The personnel of evacuation hospitals in operation may, under the direction of the chief surgeon of the line of communications, be reenforced from evacuation hospitals which have not been opened, or in emergencies from medical personnel farther to the rear.

712. The commanding officer of the evacuation hospital is under the immediate orders of the chief surgeon of the line of communications. His duties, responsibilities, and relations with respect to the personnel and matériel of his hospital, and the patients under treatment therein, are analogous to those of the commanding officer of a field hospital (par. 655).

(a) He will indicate under "Remarks" in his daily report made on Form 83 to the chief surgeon of the line of communications the number of patients fit for duty and the number of those who require transportation to the rear.

THE BASE HOSPITAL

713. Base hospitals, like transport columns and evacuation hospitals, are Medical Department units of the line of communications, under the supervision and direction of its chief surgeon. As many base hospitals will be mobilized as there are divisions at the front. They should be established, one or more at the base, and others in accessible situations along the line of communications, according to the probable number of sick and wounded who will require care therein, having regard for the conveniences of site in respect to water supply, fuel, etc. They will occupy suitable buildings if any are available.

(a) New base hospitals may be established when those already in operation have become too far separated from the army, when they are needed to supplement the services of more advanced hospitals, or when new sites will be more convenient to handle wounded.

(b) On the eve of a battle it may be necessary for the chief surgeon of the line of communications to open additional base hospitals near the front, or to augment the personnel and supplies of those already established there.

714. The base hospitals will be numbered and designated like the evacuation hospitals (par. 698).

715. The base hospitals are designed to receive patients from the field and evacuation hospitals, as well as cases originating on the line of communications and at the base, and to give them definitive treatment. They should be almost as well fitted for such treatment as are permanent hospitals at home. When they are so fitted, only those patients should be sent to home territory who require special treatment, or whose condition is such that they may be regarded as either permanently disabled or likely not to recover for a long period of time. If, however, the number of new cases from the front is taxing the base hospitals beyond their capacity or the facilities thereof are inadequate from any cause to meet the demands upon them, more extensive evacuation to home territory of patients requiring treatment must be effected. On the eve of battle the base hospitals near the front should in all cases be cleared as far as possible to make room for new patients.

(a) Base hospitals on proper notification will send the necessary personnel to receive patients from other hospitals or from the transport columns. Ordinarily receiving parties from such hospitals will go no farther than adjacent railway stations, boat landings, or points of arrival for land transport.

(b) Unless otherwise provided the personnel, supplies, and equipment for the evacuation of patients from advanced base hospitals to the rear or base will come from the base hospitals evacuating them.

716. Base hospitals ordered to close will dispose of their patients as directed by the chief surgeon of the line of communications.

717. Two or more base hospitals to be established in the same vicinity may at the discretion of the chief surgeon of the line of communications be combined under the command of their senior medical officer.

718. So far as adaptable the regulations for general hospitals will govern the interior administration of base hospitals.

719. The commanding officer of the base hospital is under the immediate orders of the chief surgeon of the line of communications. His duties, responsibilities, and relations with respect to the personnel and matériel of his hospital and the patients under treatment therein are, like those of the commanding officer of the evacuation hospital, analogous to those of the commanding officer of the field hospital (par. 655).

(a) He will indicate under "Remarks" in his daily report made on Form 83 to the chief surgeon the number of patients fit for duty and the number of those who require transfer, so that arrangements may be made accordingly. He should himself supervise the selection of patients for further transfer, in order to keep down to the lowest possible figure the number of men lost to the army. No patient able to return to his command should ever be sent home. The names of patients fit for duty will be reported by the chief surgeon to the commanding officer of the line of communications, requesting orders for their disposition.

THE CONVALESCENT CAMP

720. In appropriate cases the chief surgeon of the line of communications, with the approval of his commanding officer, may establish a convalescent camp or camps at the base, or in the vicinity of base hospitals established along the line. Such camps will be branches of the base hospital near which they are situated.

CASUAL CAMPS FOR SANITARY TROOPS

721. These camps are designed for the reception, shelter, and control of Medical Department personnel on their arrival and during their stay at the base of operations. They will, with the approval of the commanding officer of the line of communications, be established by the chief surgeon of the line at or near the base. They will be under the immediate command in each case of the senior medical officer on duty therein, and under the immediate supervision of the chief surgeon; and their administration will be governed by general military principles.

THE BASE MEDICAL SUPPLY DEPOT

722. A medical supply depot will be established at the base of operations, which should constantly maintain an ample stock of medical and hospital supplies to meet all the medical requirements of troops and Medical Department organizations at the base, on the line of communications and at the front. The quantity of supplies to be kept on hand should be determined according to the size of the field army, the facilities for transportation, the character of the military operations in prospect, etc.

(a) When on account of the length of the line of communications it becomes impracticable to make issues from the base depot to the divisional medical units the chief surgeon of the line of communications, with the approval of his commanding officer, may advance one or more branches of the base depot to a convenient point or points on the line or at its head.

(b) Base medical supply depots will be designated according to the field army or other organization of which they are a part, with a suffix showing where they are located, as "Base Medical Supply Depot, 2d Field Army, at Denver, Colo.," or "Advanced Branch, Base Medical Supply Depot, 2d Field Army, Leadville, Colo."

723. Supplies for the base depot will ordinarily be obtained from home territory upon requisitions or estimates made by the officer commanding the depot and forwarded through the chief surgeons of the line of communications and of the field army to the Surgeon-General (par. 793). In exceptional instances they may be purchased locally if local supply is available and prompt action is important (*ibid.*). The commanding officer of the depot will be held responsible for any deficiency in his supplies due to his failure or neglect to initiate timely measures for their renewal or replenishment.

724. Issues will be made directly from the base depot to troops and Medical Department organizations at the base or on the line of communications, on approved requisitions received from the chief surgeon of the line.

(a) They will be made for divisional troops only to the reserve medical supplies, the field hospitals, and the ambulance companies of the respective divisions (see pars. 226 and 300, F. S. R., 1910) on approved requisitions received from the chief surgeon of the field army through the chief surgeon of the line of communications.

(b) When branches of the base depot have been advanced to or toward the head of the line of communications the chief surgeon of the line of communications in referring approved requisitions to the medical supply officer for issue will designate in each case the depot, base or branch, from which the issue is to be made.

725. The commanding officer of the base depot will also command its advanced branches and be accountable and responsible for the supplies therein. He will superintend all issues from the base and branch depots, and will devise such measures as may be necessary to promote dispatch in making issues and moving the supplies to the points at which and the organizations by which they are needed.

TRAINS, BOATS, AND SHIPS

726. The general regulations governing the organization, personnel, matériel, and operation of hospital trains, trains for patients, hospital ships, and ships for patients in home territory will apply also to the similar Medical Department units on the line of communications, except that the duties performed by the Surgeon-General with respect to the former will devolve in the latter case upon the chief surgeon of the line of communications.

727. As hospital trains are permanent Medical Department units, when their organization on the line of communications is necessary timely measures to procure the prescribed personnel therefor from home territory should be instituted. Pending the arrival of such personnel from home the medical officers and Hospital Corps men needed to operate these trains should temporarily be drawn from other Medical Department units on the line, exclusive of the evacuation hospitals and transport columns whose personnel should under no ordinary circumstances be diminished.

(a) When it is necessary to organize trains for patients, they may also obtain their medical personnel temporarily from other units in the line of communications, exclusive of the evacuation hospitals and transport columns; but permanent details from home should be requested for their continued operation.

728. Supplies for both classes of trains will be provided by the chief surgeon of the line of communications, preferably from the base depot; but if this is impracticable they will be furnished from a base hospital.

729. General arrangements for the running of hospital trains and trains for patients will be made by the chief surgeon of the line of communications with the officer in charge of the railway transportation of the line of communications. Schedules of departure, speed, and arrival will be made by the latter officer, having regard to the other traffic of the railway. Details in regard to the loading and unloading of patients at railway stations will be arranged between the officers in charge of such stations and the commanding officers of the transport columns or hospitals which are to transfer or receive the said patients.

730. Circumstances will rarely be such that hospital ships will be available on the line of communications. But navigable streams

will often offer opportunities for the more comfortable and expeditious transportation of the sick and injured than can be had by land, and the chief surgeon should in such event avail himself thereof by organizing the necessary boat service. The personnel and supplies for such service will be drawn from the line of communications as in the case of trains for patients.

SANITARY SQUADS

731. The chief surgeon of the line of communications will under his commander's authority organize sanitary squads, as necessary, for service on the line of communications. The personnel of the sanitary squads will consist ordinarily of medical officers and enlisted men of the Hospital Corps detailed from other Medical Department units on the line of communications. But if the amount of work to be done is large the sanitary squads may, at the discretion of the commanding officer of the line of communications, be augmented by the employment of civilian labor under authority therefor obtained from the chief surgeon of the field army, or in emergencies only by details of enlisted men from the line or other staff corps. Each squad will be commanded by the senior medical officer on duty therewith, under the immediate supervision of the chief surgeon of the line of communications.

Regiments and other organizations while on the line of communications will be required to provide for their own sanitation in the usual manner. Sanitary squads are intended to give attention to sanitary matters not within the control of such troops, and to insure good sanitation to the whole line of communications, which is particularly difficult on account of constant changes of personnel. In order to accomplish these objects, they will:

(a) Exercise sanitary supervision over—

Camp sites, towns, and villages when not occupied or garrisoned;

The operation of sanitary apparatus, on the line of communications;

The selection of water and the methods of supplying the same for the use of troops on the line of communications, and the placarding of water as good or bad;

The disposal of wastes; and,

Other matters relating to the sanitation of posts and personnel on the line of communications not otherwise provided for.

(b) Perform the duties of sanitary detachments (par. 604) for groups of civilian employees permanently attached to the line of communications.

(c) Execute all hygienic measures along the line of communications required by its chief surgeon or prescribed by higher authority, except such as are to be executed by the sanitary detachments of regiments or other troop units, or by the local civil authorities.

FIELD LABORATORIES

732. The function of the field laboratories is to conduct such investigations in connection with the sanitary and hygienic situation on the line of communications and at the front as may be required of them by the chief surgeon of the line of communications or higher authority.

(a) Satisfactory work of the character they will be called upon to do can seldom if ever be accomplished in tents or in improvised buildings. The laboratory should therefore be set up in each case in a suitable building, if one is available, preferably in a town provided with water, sewerage, and gas supply.

(b) When deemed necessary by the chief surgeon of the field army or higher authority, a field laboratory may be attached to the office of the chief surgeon of a division.

MEDICAL SERVICE, CAMPS OF MOBILIZATION

733. The chief surgeon of the field army, upon the establishment of a camp or camps of mobilization, will immediately, with his commanding officer's approval, inaugurate proper measures of sanitation therefor to prevent the appearance or spread of infective disease in the field army. These measures should be rigorously executed under the direction of chief surgeons of divisions and of the divisional sanitary inspectors.

734. In such camps the closest scrutiny should be exercised for the separation of the sick from the well, to the end that the health of the latter may be preserved, and that noneffectives may be eliminated before going to the front.

(a) The sick of regiments will receive only temporary treatment at the infirmaries, those whose serious disabilities require further or prolonged treatment being transferred as directed by the division chief surgeons (see par. 607).

(b) If general hospitals of sufficient capacity are not provided for camps of mobilization (see par. 562a), the field army chief surgeon should arrange for semi-permanent hospitals at convenient sites in their vicinity. He may, if no other course is practicable, use the personnel and equipment of one or more base hospitals for this purpose.

735. Advantage should be taken of the time during which the field army is assembling in the camps of mobilization and during its stay therein to give practical instruction in medico-military matters to all Medical Department and regimental medical personnel. Such instruction should include the training of the personnel of field hospitals and ambulance companies for their special duties in the field. It will be arranged by the division chief surgeons under the supervision of the chief surgeon of the field army.

736. The responsible officers of Medical Department units will also at this time be required by frequent inspections to take proper measures for the adequate supply of their organizations, not only for their stay in camp, but for any forward movement that may be in prospect. Deficiencies of supply or equipment will be immediately brought to the attention of proper authority.

(a) Similar measures with respect to the medical supply of the regimental medical departments should be taken at the same time.

MEDICAL SERVICE ON THE MARCH

737. On the march the field army chief surgeon and the division chief surgeons should accompany their respective commanders, and acquaint themselves with the topography and resources of the country, so far as the same would affect the care, shelter, transportation, etc., of the sick and wounded.

738. Ordinarily, regimental medical officers march—the senior with the regimental commander and one in the rear of each battalion unit. Each officer is accompanied by an orderly. The remaining regimental sanitary personnel usually march with the battalion units. Each regiment is followed by an ambulance from the ambulance train. Unless otherwise ordered, these ambulances join their trains at the beginning of an engagement. If a regiment operates alone, it is accompanied by three ambulances.

The ambulance companies and field hospitals of a division generally march in rear of the division field train as follows:

Ambulance companies.

Ambulance company trains (in order of their companies).

Field hospitals—troops, wagons.

If an engagement is imminent, these organizations usually precede the division field train, and ambulance companies (less ambulances and wagons), or detachments thereof, follow the combatant organizations. For smaller commands the march of the sanitary troops is similarly conducted.¹

Sick and wounded falling out during a march are placed in the regimental ambulance; when this is filled they are assigned by means of diagnosis tags to the ambulance train or other transportation. Weak and foot-sore men may be relieved of their equipment and permitted to march in rear of the regimental ambulance.

A man falling out from sickness or injury is sent with a pass, showing his name, company, and regiment or corps, to the medical officer in rear. The latter returns the pass showing the disposition made of the man.

The arms, personal equipment, and clothing of soldiers who fall out are carried with them.

The horse, saber, and horse equipment of a mounted soldier admitted to the ambulance, or otherwise disposed of, are taken back to the troops by the noncommissioned officer that accompanied him.

Upon halting for the night all but the trivial cases are transferred to a field hospital or otherwise disposed of. Those unable to continue the march are transferred to evacuation or other hospitals, or left under shelter—in houses if practicable—with the necessary attendants until taken in charge by the sanitary troops of the line of communications.²

¹ Circumstances may require the first ambulance company with a part or the whole of its train to be placed immediately in rear of the advanced guard so as to provide for that formation.

² See par. 652.

When a command moves forward, the sanitary personnel is promptly relieved by corresponding units from the line of communications. In retreat the necessary personnel remains with the immobile sick and wounded.—F. S. R., 302.

739. A still better plan, which is practicable under certain circumstances, is for such patients to be immediately turned over to the line of communications without the intermediation of a field hospital. In order to do this the division chief surgeon should, when necessary, request the division commander to authorize the use for patients of sections of the general transport which go back to replenish the supplies of the division. Such requests should not contemplate diversion of such transport from its destination, and the arrangements of the Medical Department should be made to coincide with this destination.

MEDICAL SERVICE OF CAMPS¹ AND CANTONMENTS

740. The ambulance companies and field hospitals generally encamp like a battalion of artillery, with the transportation between the units.

In camps, regiments establish regimental infirmaries and not hospitals.² The infirmaries care for emergency cases and the slightly sick or injured, serious cases being promptly transferred to the field hospitals.—F. S. R., 301.

741. Upon a prolonged halt each division chief surgeon will, with the approval of his commanding officer, establish a cantonment hospital (see par. 653). The cantonment hospital will be designated as such according to the division for which it is established, with a geographical suffix, similar to that of evacuation hospitals (par. 698), e. g., "Cantonment Hospital, 3d Div., 1st Field Army, near Sugar Loaf Mountain, Maryland."

(a) All cases from the division requiring hospital treatment will be sent to the cantonment hospital. Patients who are permanently incapacitated, or who are likely to be disabled for a long time, or who require special treatment, will, as soon as practicable, be sent farther to the rear. The chief surgeon will take care, however, by rigid supervision, that this provision is not abused and that able-bodied men or men who will soon be fit for duty are not unnecessarily lost to the front on the plea that they require treatment which the facilities of the cantonment hospital do not afford. Other patients upon their recovery will be returned directly to their organizations.

742. Isolation hospitals may be established when necessary as branches of cantonment hospitals.

743. The opening and closing of a cantonment hospital will be immediately reported by the division chief surgeon to the chief surgeon of the field army.

744. Upon a prolonged halt the division chief surgeon should also establish his reserve medical supply at a convenient point for issuing medical supplies to the other divisional organizations.

¹ Rules for the establishment of camps and the care of troops therein appear in pars. 184 to 190, F. S. R., 1910.

² See par. 607.

GENERAL PROVISIONS FOR THE MEDICAL SERVICE OF COMBAT¹

745. As far as practicable commanders keep their senior surgeons informed of contemplated movements in order that the sanitary service may make proper preparations.—F. S. R., 303.

746. The preliminary arrangements of the Medical Department in anticipation of battle are dependent upon the information concerning intended movements received by chief surgeons from their commanders under the foregoing regulation. When battle is imminent chief surgeons, if they have not previously received the required information, should invariably consult with their commanders with a view to securing it.

747. Cooperation between the chief administrative medical officers, viz., the field army chief surgeon, the division chief surgeons, and the line of communications chief surgeon, is indispensable to efficient medical service in combat. The chief surgeon of the field army will see that there is proper concert of action for the prompt movement of wounded to the rear and of medical supplies to the front. To that end he will require the division chief surgeons and the chief surgeon of the line of communications to confer as often as need be with reference to the operation of transport columns, the replacement of field hospitals by evacuation hospitals, and the prompt issue of supplies on approved requisitions from the base depot to the divisional units. Arrangements therefor should not, however, be too rigid, but should be left sufficiently elastic for ready adaptation to all the ordinary contingencies of battle.

748. During a battle chief surgeons of divisions and the line of communications will make every effort to keep informed of the location of their medical organizations and medical personnel, and each, whenever practicable, will notify other administrative medical officers, the senior medical officer of each troop unit, and the directors and commanders of Medical Department organizations, of all facts in this connection which will have a bearing on the performance of their duties.

749. Unless duly detached, all sanitary troops accompany their units into battle. During battle, however, the chief surgeons of divisions, subject to the approval of their commanders, make such assignments of the division sanitary troops as the situation requires. One surgeon from each regiment is generally attached to an ambulance company or field hospital.

By direction of the regimental commander the band may be assigned to duty in the sanitary service.—F. S. R., 303.

750. In the absence of medical assistance the wounded apply their first-aid packets, if practicable. With this exception the care of the wounded devolves upon the sanitary troops, and no combatant, unless duly authorized, is permitted to take or accompany the sick or injured to the rear.—F. S. R., 303.

¹ The special duties and functions of chief surgeons, regimental medical departments, and sanitary organizations, at the front and on the line of communications, before, during, and after combat, are hereinbefore described in this article under their respective designations.

751. As soon as warranted by the situation the following stations from front to rear are established for the care of the sick and wounded:

1. First-aid stations—generally one for each regiment.
2. Dressing stations—generally one for each brigade.
3. Field hospitals—set up as required.
4. Stations for the slightly wounded—generally one for each division.—F. S. R., 303.

(a) With foot troops some or all of these stations will be established during the progress of the engagement. Not infrequently with mounted troops acting independently their establishment must await its conclusion.

(b) The number of first-aid and dressing stations to be established will depend on many factors; better results are obtained by concentrating them than by dividing men and supplies. Therefore two first-aid stations near each other may sometimes be united, while a first-aid station if far to the rear may be advantageously merged into the dressing station. In the latter case the regimental medical personnel will rejoin their unit as soon as practicable. Likewise, when the division chief surgeon finds that owing to the small front covered by the division, or for other reasons, his dressing stations will be close together, he should consolidate them.

752. *Diagnosis tags* are attached to all wounded and dead as soon as practicable.—F. S. R., 303.

753. The diagnosis tag will be made out in duplicate, the duplicate to be prepared before the original is torn from the book.

754. In the case of wounded, the primary purpose of the tag is to advise the medical officers by whom the patient is successively treated of the treatment previously received by him at the several points of relief on the field or on his way to the rear. The tag is an emergency device to cover the period prior to admission to hospital. Upon the patient's admission to hospital his case assumes a regular status, and will be accounted for and managed accordingly by register and transfer cards and clinical records. It is therefore superfluous to tag patients who are admitted to hospitals without having been tagged on the field. Subject to that qualification the tag will be made out by the first medical officer or noncommissioned officer of the Hospital Corps who treats the wounded man, prior to his admission to hospital, usually at the first-aid station, the dressing station, or the station for slightly wounded. If the patient is badly hurt the identification tag may be utilized to obtain the necessary information concerning his name, rank, etc. The original diagnosis tag will, as soon as the duplicate is completed, be attached to the patient's clothing.

755. The dead found on the field will be tagged in each case by the Medical Department troops who first reach the body, in order that other medical personnel may not lose time reexamining it. The tag will be attached to the clothing of the deceased.

756. The duplicates of the diagnosis tags will be disposed of as follows:

(a) Those made out at a first-aid station for officers and soldiers of the regiment establishing the station will be retained by the regimental surgeon as the basis for the register cards to be prepared conformably to paragraph 417. Those made out at a first-aid station for officers and soldiers of other commands will, after their register cards are prepared (which should be done as soon as practicable), be transmitted at once to the chief surgeon.

(b) Those made out by the personnel of Medical Department units, at dressing stations or elsewhere, for officers or soldiers of other commands, will as soon as the necessary memoranda are taken therefrom (for the reports of the work of the Medical Department units during the engagement) be transmitted to the chief surgeon.

757. The original tags will be disposed of as follows:

(a) Those of wounded who are returned from first-aid stations to the firing line without going further to the rear will be removed and retained by the regimental surgeon.

(b) Those of wounded who are returned to their organizations direct from dressing stations (par. 637a) or from the station for the slightly wounded (par. 679a), without admission to hospital, will be removed upon their reporting for duty, and be turned over to the surgeons of their several organizations, respectively.

(c) Those of wounded who are admitted to hospital (including wounded assigned for treatment to convalescent camps or branches) will be removed upon the preparation of their register cards, and as soon as practicable thereafter, usually within 48 hours following the conclusion of the engagement, be sent to the chief surgeon of the division, or of the line of communications, if the hospital is on the line of communications, for his action conformably to paragraph 758.

(d) Those of wounded who die while in transit from the field to hospital (the death in each case being noted on the tag as required by the printed instructions in the tag book), and the tags attached to the dead found on the field, will be removed when the bodies are prepared for interment or equivalent disposal, and will be sent likewise to the chief surgeon.

758. The chief surgeon will cause the tags received by him in compliance with paragraphs 756 and 757 to be distributed without delay to the senior medical officers of the commands to which they respectively pertain, so that they may be available in preparing the casualty returns and the registers of patients.

759. Having served their purpose in the preparation of casualty returns and registers, all the tags, both originals and duplicates, will be forwarded with the next reports of sick and wounded from the several organizations engaged.

760. In the case of soldiers at first-aid and dressing stations who are so severely wounded that they can not take care of their own effects, their money and valuables should, if practicable, be enclosed in secure coverings, one for each soldier, properly marked or tagged, showing in each case the soldier's name, rank, etc., and the hospital to which he was sent, and should upon the conclusion of the engagement or at the end of the day's fighting be sent by a safe hand to the officer in charge of such hospital.

(a) A similar procedure will be followed in the case of wounded at the station for slightly wounded who become unable to take care of their property.

(b) After the soldier reaches hospital the provisions of paragraph 273 et seq. become applicable.

761. The money and valuables of the dead at first-aid and dressing stations and stations for slightly wounded will be safeguarded and cared for in accordance with the requirements of Army Regulations.

762. The arms and equipments of wounded separated from their companies and taken in charge by the Medical Department should, so far as practicable, accompany them to a field or other hospital.

763. After an engagement, commanders organize a thorough search of the battlefield in their vicinity for the wounded, and assist in their protection and removal.—F. S. R., 304.

764. The dead are collected by details from the line as soon as practicable after the battle and disposed of as the commander directs. No body is buried or otherwise disposed of without being identified and a proper record made.—F. S. R., 305.

MEDICAL INSPECTIONS

765. Before troops are sent to camps of mobilization they are carefully examined to detect the presence of contagious disease, especially typhoid fever. Such examinations are made by medical officers of the Regular Army when practicable, otherwise by militia or volunteer medical officers, and the subsequent movements of the troops examined are contingent on the results of such examinations. Similarly, before taking the field the troops are again examined, and those physically unfit are excluded.—F. S. R., 292.

766. No officer, soldier, or civilian who is physically unfit for active service should be allowed to accompany troops on campaign.

(a) Before a command leaves its station, post, or camp in home territory en route to a camp of mobilization, or to the theater of active operations, all members thereof and all civilians who are to accompany it will be critically examined to ascertain their physical fitness for the contemplated movement.

(b) The examination will be made under the supervision of the senior medical officer of the command. He will cause all the persons therewith who are physically fit for the movement and who are not already protected against smallpox and typhoid fever to be vaccinated at once for such protection, and will report his findings and action on Form 53 to his commanding officer. He will enclose with his report

on paper of the same size as the form and folded in the same-sized folds a statement showing in detail the nature of the disqualification in the case of each person found physically unfit for the movement. No person who is so unfit will be permitted to go with the command. The commanding officer will take proper steps for the disposition of the unfit, and will forward the report, noting his action in the premises, through military channels, to the Surgeon-General.

(c) Officers and men designated for transfer to participate in the movement in place of those found unfit will be likewise examined and vaccinated by their medical officers, who will submit reports thereof on the same form to their commanding officers for like action. Those found physically unfit will not be transferred.

(d) Similar provisions regarding the medical inspection of troops moving by sea appear in the regulations of the Transport Service.

767. In movements of troops by rail the senior medical officer of the command will inspect the accommodations provided, giving special attention to the water supply, and will make proper recommendations for the correction of any defects observed.

768. In campaign sanitary inspectors, on the recommendation of the Surgeon-General, are assigned as follows: One to each division and as many as may be necessary to the line of communications, base of operations, and home territory.—F. S. R., 292.

(a) A sanitary inspector assigned to a command is charged especially with the supervision of the sanitation thereof.—Ibid.

769. It is the duty of commanders to remedy sanitary defects reported to them by sanitary inspectors. To facilitate the attainment of proper results in sanitary emergency, a sanitary inspector may be authorized by the commander of the unit to which he is assigned, to direct, in the name of the latter, and within such limitation as the commander may prescribe, the prompt abolition of conditions prejudicial to the health of troops.—Ibid.

(a) When an inspector who has no authority to direct corrective measures in the name of his unit commander under the foregoing provision discovers sanitary defects the correction of which requires the sanction and cooperation of military authority, he will report them to the local commander concerned, recommending appropriate remedial measures, and will send a duplicate of this report to his unit commander.

770. Within five days after the end of every month each sanitary inspector will forward to the Surgeon-General, through military channels, a report of the inspections made by him under the provisions of paragraphs 768 and 769 during the month, indicating the sanitary defects, if any, observed, and the measures taken for their correction. This report will be made on Form 50, modified if necessary to suit the case.

771. Sanitary inspectors also inspect and report upon the administration of the Medical Department, the efficiency, instruction, and adequacy of the medical personnel, the condition of hospitals, the character and sufficiency of medical supplies, the facilities for transporting medical supplies and the sick and wounded, the

occurrence of preventable diseases and the sufficiency of the measures taken for their prevention, and in general, upon all matters affecting the care, well-being, and comfort of the sick and wounded.—F. S. R., 292.

772. The report of inspection called for in paragraph 771 will be made on Form 50*b*, and will be forwarded within five days after the inspection is made through military channels to the Surgeon General. The inspector will retain a duplicate. Should his report indicate any irregularities or defects of medical administration, he will furnish a triplicate through military channels to the medical officer in command of the Medical Department organization or establishment concerned, who will, without delay, report by indorsement thereon what remedies he has applied or will apply to correct each of the irregularities or defects noted. Such reports so indorsed will also be forwarded through military channels to the Surgeon-General.

773. Sanitary inspectors will familiarize themselves with the regulations of the Subsistence and Quartermaster's Departments affecting medical administration, and will rigorously scrutinize all accounts and expenditures arising thereunder to ascertain that the same are fully complied with, that the allowances of the men are not diverted, that patients and personnel are properly fed without waste or extravagance, that they are properly clothed, that buildings, tentage, and transportation are sufficient and used only for authorized purposes, and that expenditures out of the appropriation for the construction and repair of hospitals are properly made. They will also examine all medical property properly presented for condemnation, and will forward and deliver inventory and inspection reports in the manner prescribed by Army Regulations.

774. A sanitary inspector in reporting on a medical officer as disqualified for promotion to a higher grade or as unfit for the performance of his professional duties should be prepared to submit evidence of such disqualification or unfitness.

775. Commanding officers will afford every facility to sanitary inspectors in the execution of their duties, will see that they are not needlessly obstructed, and will give such orders in the premises as may be necessary or appropriate to carry into effect their approved suggestions and recommendations.

CARE OF INHABITANTS OF OCCUPIED TERRITORY

776. When necessary to prevent the infection of the military forces from diseases prevailing among the inhabitants of occupied territory, the Medical Department will assume control of all cases of such diseases, and provide for their proper supply, care, and isolation.—F. S. R., 298.

777. When the military conditions in occupied territory are such as to imperil or impair the usual agencies of medical relief among the inhabitants thereof, the Medical Department may take such measures, not incompatible with the necessities of the occupying forces, as may be necessary to relieve the distress and suffering of the sick.—F. S. R., 298.

CORRESPONDENCE, REPORTS, RETURNS, AND RECORDS

778. The reports and returns prescribed by regulations all serve a useful purpose in facilitating the proper distribution and maintenance of the forces at front and rear, in preserving their mobility, in providing them with the necessary funds, supplies, and equipments, in securing a proper account and record of the various measures taken regarding them, and generally in promoting the efficiency of military action. If the required papers are not promptly and correctly prepared valuable experience which might be utilized for improvement in methods will be lost; coordination, of paramount importance in campaign, will fail; the interests, not only of the Government, but of the individual soldier as well, will be sacrificed; the Hospital Corps and Medical Department units will be improperly and insufficiently supplied; the dead will be unaccounted for; and the sick and wounded under treatment will suffer needless misery and privation. Medical officers must accordingly use every endeavor under all conditions of service to insure the prompt and correct execution of the prescribed reports and returns.

779. In the case of Medical Department units which have quartermasters or commissaries the records, returns, reports, etc., required by the Quartermaster's and the Subsistence Departments, must be kept and made. And whether quartermasters and commissaries are attached or not, the papers required by those departments and by the Ordnance Department also must be executed to procure the proper supply and equipment of the units and their personnel, and to render proper accountability for the supplies and equipment so procured.

780. The various blank forms for the preparation of the papers required by the several departments concerned must be obtained from them respectively, as in time of peace, upon separate applications or requisitions.

781. The special Medical Department reports and forms required only during campaign are as follows:

(a) *Daily field report of sanitary personnel and transportation*, Form 82. This report will be made daily to the proper chief surgeon by the senior medical officer of every organization in the field, a copy being retained. Telegraphic report of the data called for thereon may be required if necessary.

(b) *Daily field report of patients*, Form 83. This report will likewise be rendered daily to the chief surgeon, as in the preceding case.

(c) *Report of the medical inspection of personnel* required by paragraph 766, Form 53.

(d) *Monthly reports of general sanitary inspections* required by paragraph 770, Form 50.

(e) *Reports of the sanitary inspections of Medical Department organizations* required by paragraphs 771 and 772, Form 50b.

(f) *Certificates of identity*, Form 61. (See pars. 554 and 555.)

(g) *Diagnosis tags*. (See pars. 752 to 759.)

782. Chief surgeons in the field will conduct their paper work upon the principles indicated in paragraph 372.

(a) They will keep in their offices card records of correspondence and document files conformably to the requirements of General Orders No. 92, of 1909, and orders supplementary thereto; also complete files of orders and circulars, and of all reports and returns upon which they take final action. They will, from time to time, forward their old files and records to the Surgeon-General, retaining only those in current use or such as would be needed by their successors upon taking up duty, and will turn over to their successors all records and files not so forwarded.

(b) They will keep in their offices, on Form 70, directories of the Medical Department personnel under their supervision.

(c) On the conclusion of a campaign the chief surgeons of divisions and the line of communications will make a report to the chief surgeon of the field army of the work of the Medical Department under their supervision during the campaign. The chief surgeon of the field army will make a consolidated report to the Surgeon-General covering the work of the Medical Department of the entire army during the campaign, and will forward therewith the reports received from the chief surgeons of divisions and of the line of communications.

(d) Chief surgeons of divisions and of lines of communications will, at the proper times, report on the efficiency of the medical officers under their supervision, and the chief surgeon of the field army will report on the efficiency of the chief surgeons under him.

783. The directors of ambulance companies and field hospitals will keep a correspondence book for record of the correspondence originating in, received at, and passing through their offices, and will keep appropriate document files in connection therewith, which they may forward from time to time to the Surgeon-General when authorized so to do by their chief surgeons. Otherwise their offices are not offices of record.

(a) In forwarding to chief surgeons the reports of the work of ambulance companies and field hospitals rendered at the conclusion of an engagement, conformably to paragraph 785, the directors will indorse such comments thereon as they may desire to make.

784. The surgeon of every regiment in the field will make the reports and returns required of post surgeons (see par. 395), omitting those which are peculiar to post administration.

(a) They will in addition make the daily field reports of sanitary personnel and transportation and of patients on forms 82 and 83 required by paragraphs 781a and 781b.

785. Each base hospital, evacuation hospital, independent convalescent camp, casual camp, hospital ship, hospital train, transport column, field hospital and ambulance company will keep a correspondence book and document file, and make the following records, reports, and returns, so far as applicable:

Daily.—Field report of sanitary personnel and transportation; field report of patients.

Trimonthly.—Ration return; report of enlistments.

Monthly.—Return of troops; return of the Hospital Corps; pay rolls; ration return for persons rationed separately; voucher for commutation of rations of enlisted men, etc., in hospital; statement of the hospital fund; report of sick and wounded; sanitary report; report of medical examination of applicants for enlistment; voucher for hospital laundry; account of sales of medicines to civilians; requisition for forage, straw, and mineral oil; report of ordnance charges on muster and pay rolls; requisition for medical supplies; returns of subsistence stores.

Bimonthly.—Muster roll, detachment of the Hospital Corps; muster roll, soldiers in hospital.

Quarterly.—Return of quartermaster supplies; requisition for tableware and kitchen utensils; certificate of breakage, china and glass ware.

Semiannually.—Return of ordnance and ordnance stores; statement of charges for ordnance property on muster and pay rolls; return of horse equipments; return of subsistence property.

Occasionally.—Telegraphic report of casualties (from organizations participating at the front only); battle reports and casualty returns for The Adjutant-General of the Army (same); special sanitary report; telegraphic report of death of officer; report of death of officer, enlisted man or civilian; report of death of medical officer, dental surgeon, acting dental surgeon, contract surgeon, or sergeant first class, Hospital Corps; requisition for medical supplies; requisition for blank forms; request for vaccine virus; requisition for clothing; requisition for quartermaster supplies; requisition for fuel; requisition for ordnance; inventory and inspection report; account of sales; report of issues of medicines to civilians; descriptive card of public animal; enlistment paper of soldier enlisting or reenlisting; report of physical examination of recruit; identification record of recruit; descriptive and assignment card of recruit; account of clothing issued to recruit; descriptive list; allotment of pay; discontinuance of allotment of pay; report of soldier's deposit; list of soldiers' deposits; report of transfer or desertion of soldier having deposit; furlough; statement of service; certificate of disability; discharge certificate, enlisted man; final statement, enlisted man; notification of discharge, enlisted man; certificate

of indebtedness of employee for hospital service; return of medical property.

(a) In addition, promptly after the conclusion of an engagement each ambulance company, field hospital, transport column and evacuation hospital will make a special report of its work during the engagement to the proper chief surgeon; and hospital trains, trains for patients, hospital ships and ships for patients will upon the completion of each trip make a report thereof to the proper chief surgeon, or to the Surgeon-General if the train or ship is operating under his immediate direction.

786. The station for the slightly wounded is not a permanent organization and keeps no records. Upon the conclusion of an engagement its commanding officer will make a special report to his chief surgeon indicating when, where, and under what authority the station was opened, the names, rank, etc., of its personnel, the sources and disposition of its matériel, the number of wounded treated, and when and by what authority it was closed.

787. The reserve medical supplies and base medical supply depots will make returns, reports and records similar to those of home depots.

(a) In addition they will make to their chief surgeons the daily field reports of sanitary personnel and transportation required by paragraph 781a.

788. Sanitary squads and field laboratories will make such reports and returns and keep such records as may be deemed necessary by the chief surgeon of the line of communications, having in view the character of the equipment and personnel required for the performance of their special duties.

REQUISITIONS AND ISSUES

789. In time of war, supplies and equipments (except blank forms, as to which see par. 394) for organizations in the field will be required for by the senior medical officers thereof on emergency special requisitions, Form 35. These requisitions will usually be made once a month for a month's supply; but they will be made oftener, if the exigencies of the campaign make such course necessary, every care being taken by timely action to keep sufficient supplies constantly on hand. Requisitions from base medical supply depots will be executed in quadruplicate; requisitions from other field organizations will be executed in triplicate. One copy will be filed with the retained records of the organization and the other copies forwarded to the chief surgeon of the tactical division or line of communications of which the organization is a part.

790. Requisitions from divisional units, excepting the reserve medical supply, will be modified by the chief surgeon of the division at his discretion, who will refer one copy thereof in each case, as so

modified, to the reserve medical supply for issue, and retain the other in his own files, with a memorandum of his action thereon.

791. Requisitions from the reserve medical supply will be forwarded, both copies in each case, by the chief surgeon of the division, with his recommendation, to the chief surgeon of the field army. The latter will modify the requisition at discretion and refer one copy thereof to the chief surgeon of the line of communications, retaining the duplicate in his own files, with a memorandum of his action thereon. The chief surgeon of the line of communications will promptly transmit the approved requisition received from the chief surgeon of the field army to a supply depot on the line for issue.

792. Requisitions from organizations on the line of communications, except the base medical supply depot, will be modified by the chief surgeon of the line of communications at his discretion, who will refer one copy thereof in each case as so modified to a depot on the line of communications for issue, and retain the other in his own files with a memorandum of his action thereon.

793. Requisitions or estimates from the base medical supply depot will be forwarded, three copies in each case, by the chief surgeon of the line of communications to the chief surgeon of the field army, who will modify at discretion, will file one copy in his own files with a note of his action thereon, and (usually) forward the other two to the Surgeon-General with a view to the issue from home territory of the supplies required for. In emergencies, however, the chief surgeon of the field army may authorize local purchase to supply the immediate needs of the base depot, in which event he will return one copy to the chief surgeon of the line of communications, with the necessary authority, and forward the other copy, with a memorandum of the authority so given, to the Surgeon-General for the latter's information (see par. 723).

794. Medical Department units, such as hospital trains and ships, and trains and ships for patients, operating under the immediate supervision of the Surgeon-General in home territory, will obtain their medical supplies by requisition forwarded in duplicate to the Surgeon-General. Similar units operating under the Surgeon-General's immediate supervision in the zone between home territory and the base will habitually obtain their supplies in like manner; but in exceptional cases they may be supplied from the base depot upon the authority of the chief surgeon of the field army.

795. In emergencies, when time does not permit the making of formal requisitions in the manner hereinbefore prescribed, chief surgeons may authorize the transfer of supplies from one Medical Department organization to another, or from a Medical Department organization to the medical department of a regiment or other troop unit. Invoices and receipts covering the transfer will be executed and forwarded in the usual manner.

(a) Under the foregoing special rule, a field hospital which replaces a dressing station in order that the ambulance company may advance to establish another dressing station or to accompany its division on a forward movement will replace all articles in use at the dressing station or which have been expended. Similarly, an evacuation hospital replacing a field hospital will replace all articles of the latter which have been expended or are in use at the field hospital. (See pars. 658*c*, 667 and 705*a*.) Marked or tagged articles belonging to field medical units which are exchanged or replaced in conformity with these regulations will be remarked or retagged with the designation of their new unit as soon as convenient.

MISCELLANEOUS PROVISIONS RESPECTING TRANSPORTATION AND SUPPLIES

TRANSPORTATION

796. During a campaign transportation which properly pertains to the Medical Department is assigned to that department and will not be diverted therefrom by commanders subordinate to the one by whom such assignment was made, nor by officers of other staff departments. This includes ambulances, wagons and animals with their personnel, hospital trains, ships and boats, together with the crews for working such trains, ships, and boats.

Transportation for the temporary use of the Medical Department, including wagon and railway trains, boats, etc., is reported by the officer in charge to the senior medical officer, under whose orders such transportation remains until the special work for which it was assigned is completed.

Medical and other supplies for the use of the sick and wounded are transported, so far as possible, by the Medical Department with its own transportation. Supplies which can not thus be transported are invoiced to the Quartermaster's Department for transportation, and their shipment is expedited as much as possible, ammunition and rations alone, as a rule, having precedence. When necessary, members of the Hospital Corps are detailed to accompany medical property.

When not otherwise provided for, repairs to transportation and the shoeing of animals are done by the Quartermaster's Department on request from the proper medical officers.

Each company unit is provided with a litter; on the march these litters are carried on the combat or field trains (sec. 234¹) or by men detailed for that purpose.—F. S. R., 293.

797. The transportation of sanitary supplies and of the sick and wounded [on the line of communications] conforms to the schedules established by the commander of the line of communications.—F. S. R., 306.

IDENTIFICATION TAGS

798. Before a command enters upon a campaign every member thereof is provided with an identification tag by which he can be identified if killed or wounded. Regimental and other commanders are charged with seeing that their commands are provided with these tags in ample time, and that they are properly worn. Such tags are not removed from the dead, but are left on the bodies when interred or otherwise disposed of. Tags or other marks of identification found on dead bodies of the enemy's

¹ F. S. R.

forces are disposed of as provided in articles 3 and 4 of the Red Cross Convention.—F. S. R., 297.

FIRST-AID PACKETS

799. Before a command enters upon a campaign every member thereof is provided by the Medical Department with a first-aid packet. Regimental and other commanders are charged with seeing that their commands are provided with these packets and that suitable instruction as to their use is given by the medical officers.—F. S. R., 296.

INSIGNIA OF SANITARY MATÉRIEL

800. All matériel pertaining to the sanitary service is also marked with this emblem [a red cross on a white ground].—F. S. R., 286.

CAPTURED SANITARY MATÉRIEL

801. The disposition of captured sanitary matériel is governed by the provisions of Chapter IV of the [Red Cross] convention.—F. S. R., 287.

ARTICLE XI.—INTERNATIONAL AGREEMENTS CONTROLLING MEDICAL ADMINISTRATION IN CAMPAIGN

THE RED CROSS CONVENTION OF 1906

802. The convention between the United States and several other powers for the amelioration of the condition of the sick and wounded of armies in the field, signed at Geneva July 6, 1906, and proclaimed by the President of the United States August 3, 1907, is as follows: ¹

CHAPTER I.—*The sick and wounded*

ARTICLE 1. Officers, soldiers, and other persons officially attached to armies, who are sick or wounded, shall be respected and cared for, without distinction of nationality, by the belligerent in whose power they are.

A belligerent, however, when compelled to leave his wounded in the hands of his adversary, shall leave with them, so far as military conditions permit, a portion of the personnel and matériel of his sanitary service to assist in caring for them.

ART. 2. Subject to the care that must be taken of them under the preceding article, the sick and wounded of an army who fall into the power of the other belligerent become prisoners of war, and the general rules of international law in respect to prisoners become applicable to them.

The belligerents remain free, however, to mutually agree upon such clauses, by way of exception or favor, in relation to the wounded or sick as they may deem proper. They shall especially have authority to agree:

1. To mutually return the sick and wounded left on the field of battle after an engagement.

2. To send back to their own country the sick and wounded who have recovered, or who are in a condition to be transported and whom they do not desire to retain as prisoners.

3. To send the sick and wounded of the enemy to a neutral state, with the consent of the latter, and on condition that it shall charge itself with their internment until the close of hostilities.

ART. 3. After every engagement the belligerent who remains in possession of the field of battle shall take measures to search for the wounded and to protect the wounded and dead from robbery and ill treatment.

He will see that a careful examination is made of the bodies of the dead prior to their interment or incineration.

ART. 4. As soon as possible each belligerent shall forward to the authorities of their country or army the marks or military papers of identification found upon the bodies of the dead, together with a list of names of the sick and wounded taken in charge by him.

Belligerents will keep each other mutually advised of internments and transfers, together with admissions to hospitals and deaths which occur among the sick and

¹ Circular No. 65, War Department, Sept. 24, 1907.

wounded in their hands. They will collect all objects of personal use, valuables, letters, etc., which are found upon the field of battle, or have been left by the sick or wounded who have died in sanitary formations or other establishments, for transmission to persons in interest through the authorities of their own country.

ART. 5. Military authority may make an appeal to the charitable zeal of the inhabitants to receive, and, under its supervision, to care for the sick and wounded of the armies, granting to persons responding to such appeals special protection and certain immunities.

CHAPTER II.—*Sanitary formations and establishments*

ART. 6. Mobile sanitary formations (i. e., those which are intended to accompany armies in the field) and the fixed establishments belonging to the sanitary service shall be protected and respected by belligerents.

ART. 7. The protection due to sanitary formations and establishments ceases if they are used to commit acts injurious to the enemy.

ART. 8. A sanitary formation or establishment shall not be deprived of the protection accorded by article 6 by the fact:

1. That the personnel of a formation or establishment is armed and uses its arms in self-defense or in defense of its sick and wounded.

2. That in the absence of armed hospital attendants, the formation is guarded by an armed detachment or by sentinels acting under competent orders.

3. That arms or cartridges, taken from the wounded and not yet turned over to the proper authorities, are found in the formation or establishment.

CHAPTER III.—*Personnel*

ART. 9. The personnel charged exclusively with the removal, transportation, and treatment of the sick and wounded, as well as with the administration of sanitary formations and establishments, and the chaplains attached to armies, shall be respected and protected under all circumstances. If they fall into the hands of the enemy they shall not be considered as prisoners of war.

These provisions apply to the guards of sanitary formations and establishments in the case provided for in section 2 of article 8.

ART. 10. The personnel of voluntary aid societies, duly recognized and authorized by their own governments, who are employed in the sanitary formations and establishments of armies, are assimilated to the personnel contemplated in the preceding article, upon condition that the said personnel shall be subject to military laws and regulations.

Each state shall make known to the other, either in time of peace or at the opening or during the progress of hostilities, and in any case before actual employment, the names of the societies which it has authorized to render assistance, under its responsibility, in the official sanitary service of its armies.

ART. 11. A recognized society of a neutral state can only lend the services of its sanitary personnel and formations to a belligerent with the prior consent of its own government and the authority of such belligerent. The belligerent who has accepted such assistance is required to notify the enemy before making any use thereof.

ART. 12. Persons described in articles 9, 10, and 11 will continue in the exercise of their functions, under the direction of the enemy, after they have fallen into his power.

When their assistance is no longer indispensable they will be sent back to their army or country, within such period and by such route as may accord with military necessity. They will carry with them such effects, instruments, arms, and horses as are their private property.

ART. 13. While they remain in his power, the enemy will secure to the personnel mentioned in article 9 the same pay and allowances to which persons of the same grade in his own army are entitled.

CHAPTER IV.—*Matériel*

ART. 14. If mobile sanitary formations fall into the power of the enemy, they shall retain their matériel, including the teams, whatever may be the means of transportation and the conducting personnel. Competent military authority, however, shall have the right to employ it in caring for the sick and wounded. The restitution of the matériel shall take place in accordance with the conditions prescribed for the sanitary personnel, and, as far as possible, at the same time.

ART. 15. Buildings and matériel pertaining to fixed establishments shall remain subject to the laws of war, but can not be diverted from their use so long as they are necessary for the sick and wounded. Commanders of troops engaged in operations, however, may use them, in case of important military necessity, if, before such use, the sick and wounded who are in them have been provided for.

ART. 16. The matériel of aid societies admitted to the benefits of this convention, in conformity to the conditions therein established, is regarded as private property and, as such, will be respected under all circumstances, save that it is subject to the recognized right of requisition by belligerents in conformity to the laws and usages of war.

CHAPTER V.—*Convoys of evacuation*

ART. 17. Convoys of evacuation shall be treated as mobile sanitary formations subject to the following special provisions:

1. A belligerent intercepting a convoy may, if required by military necessity, break up such convoy, charging himself with the care of the sick and wounded whom it contains.

2. In this case the obligation to return the sanitary personnel, as provided for in article 12, shall be extended to include the entire military personnel employed, under competent orders, in the transportation and protection of the convoy.

The obligation to return the sanitary matériel, as provided for in article 14, shall apply to railway trains and vessels intended for interior navigation which have been especially equipped for evacuation purposes, as well as to the ordinary vehicles, trains, and vessels which belong to the sanitary service.

Military vehicles, with their teams, other than those belonging to the sanitary service, may be captured.

The civil personnel and the various means of transportation obtained by requisition, including railway matériel and vessels utilized for convoys, are subject to the general rules of international law.

CHAPTER VI.—*Distinctive emblem*

ART. 18. Out of respect to Switzerland the heraldic emblem of the red cross on a white ground, formed by the reversal of the federal colors, is continued as the emblem and distinctive sign of the sanitary service of armies.

ART. 19. This emblem appears on flags and brassards as well as upon all matériel appertaining to the sanitary service, with the permission of the competent military authority.

ART. 20. The personnel protected in virtue of the first paragraph of article 9, and articles 10 and 11, will wear attached to the left arm a brassard bearing a red cross on a white ground, which will be issued and stamped by competent military authority, and accompanied by a certificate of identity in the case of persons attached to the sanitary service of armies who do not have military uniform.

ART. 21. The distinctive flag of the convention can only be displayed over the sanitary formations and establishments which the convention provides shall be respected, and with the consent of the military authorities. It shall be accompanied by the national flag of the belligerent to whose service the formation or establishment is attached.

Sanitary formations which have fallen into the power of the enemy, however, shall fly no other flag than that of the Red Cross so long as they continue in that situation.

ART. 22. The sanitary formations of neutral countries which, under the conditions set forth in article 11, have been authorized to render their services, shall fly, with the flag of the convention, the national flag of the belligerent to which they are attached. The provisions of the second paragraph of the preceding article are applicable to them.

ART. 23. The emblem of a red cross on a white ground and the words *Red Cross* or *Geneva Cross* may only be used, whether in time of peace or war, to protect or designate sanitary formations and establishments, the personnel and matériel protected by the convention.

CHAPTER VII.—*Application and execution of the convention*

ART. 24. The provisions of the present convention are obligatory only on the contracting powers in case of war between two or more of them. The said provisions shall cease to be obligatory if one of the belligerent powers should not be signatory to the convention.

ART. 25. It shall be the duty of the commanders in chief of the belligerent armies to provide for the details of execution of the foregoing articles, as well as for unforeseen cases, in accordance with the instructions of their respective governments, and conformably to the general principles of this convention.

ART. 26. The signatory governments shall take the necessary steps to acquaint their troops, and particularly the protected personnel, with the provisions of this convention and to make them known to the people at large.

CHAPTER VIII.—*Repression of abuses and infractions*

ART. 27. The signatory powers whose legislation may not now be adequate engage to take or recommend to their legislatures such measures as may be necessary to prevent the use, by private persons or by societies other than those upon which this convention confers the right thereto, of the emblem or name of the Red Cross or Geneva Cross, particularly for commercial purposes by means of trade-marks or commercial labels.

The prohibition of the use of the emblem or name in question shall take effect from the time set in each act of legislation, and at the latest five years after this convention goes into effect. After such going into effect, it shall be unlawful to use a trade-mark or commercial label contrary to such prohibition.

ART. 28. In the event of their military penal laws being insufficient, the signatory governments also engage to take, or to recommend to their legislatures, the necessary measures to repress, in time of war, individual acts of robbery and ill treatment of the sick and wounded of the armies, as well as to punish, as usurpations of military insignia, the wrongful use of the flag and brassard of the Red Cross by military persons or private individuals not protected by the present convention.

They will communicate to each other through the Swiss Federal Council the measures taken with a view to such repression, not later than five years from the ratification of the present convention.

General provisions

ART. 29. The present convention shall be ratified as soon as possible. The ratifications will be deposited at Berne.

A record of the deposit of each act of ratification shall be prepared, of which a duly certified copy shall be sent, through diplomatic channels, to each of the contracting powers.

ART. 30. The present convention shall become operative, as to each power, six months after the date of deposit of its ratification.

ART. 31. The present convention, when duly ratified, shall supersede the convention of August 22, 1864, in the relations between the contracting states.

The convention of 1864 remains in force in the relations between the parties who signed it but who may not also ratify the present convention.

ART. 32. The present convention may, until December 31, proximo, be signed by the powers represented at the conference which opened at Geneva on June 11, 1906, as well as by the powers not represented at the conference who have signed the convention of 1864.

Such of these powers as shall not have signed the present convention on or before December 31, 1906, will remain at liberty to accede to it after that date. They shall signify their adherence in a written notification addressed to the Swiss Federal Council, and communicated to all the contracting powers by the said council.

Other powers may request to adhere in the same manner, but their request shall only be effective if, within the period of one year from its notification to the Federal Council, such council has not been advised of any opposition on the part of any of the contracting powers.

ART. 33. Each of the contracting parties shall have the right to denounce the present convention. This denunciation shall only become operative one year after a notification in writing shall have been made to the Swiss Federal Council, which shall forthwith communicate such notification to all the other contracting parties.

This denunciation shall only become operative in respect to the power which has given it.

In faith whereof the plenipotentiaries have signed the present convention and affixed their seals thereto.

Done at Geneva, the sixth day of July, one thousand nine hundred and six, in a single copy, which shall remain in the archives of the Swiss Confederation and certified copies of which shall be delivered to the contracting parties through diplomatic channels.

(Here follow the signatures.) ¹

* * * * *

Final protocol of the conference for the revision of the Geneva convention

In addition, and conformably to article 16 of the convention for the peaceful settlement of international disputes of July 29, 1899, which recognized arbitration as the most effective and at the same time most equitable means of adjusting differences that have not been resolved through the diplomatic channel, the conference uttered the following wish:

The conference expressed the wish that, in order to arrive at as exact as possible an interpretation and application of the Geneva Convention, the contracting powers will refer to the Permanent Court at The Hague, if permitted by the cases and circumstances, such differences as may arise among them, in time of peace, concerning the interpretation of the said convention.²

THE HAGUE CONVENTION OF 1907

803. The convention between the United States and certain powers for the adaptation to maritime warfare of the principles of the Geneva Convention, signed at The Hague, October 18, 1907, is as follows:

ARTICLE 1. Military hospital ships, that is to say, ships constructed or assigned by states specially and solely with a view to assisting the wounded, sick, and shipwrecked, the names of which have been communicated to the belligerent powers

¹ United States of America, Germany, Argentine Republic, Austria-Hungary, Belgium, Bulgaria, Chile, China, Kongo Free State, Denmark, Spain, Brazil, Mexico, France, Great Britain, Greece, Guatemala, Honduras, Italy, Japan, Luxemburg, Montenegro, Norway, the Netherlands, Peru, Persia, Portugal, Roumania, Russia, Servia, Siam, Sweden, Switzerland, and Uruguay.

² Adopted by all the signatory powers except Korea, Great Britain, and Japan.

at the commencement or during the course of hostilities, and in any case before they are employed, shall be respected and can not be captured while hostilities last.

These ships, moreover, are not on the same footing as warships as regards their stay in a neutral port.

ART. 2. Hospital ships, equipped wholly or in part at the expense of private individuals or officially recognized relief societies, shall be likewise respected and exempt from capture, if the belligerent power to whom they belong has given them an official commission and has notified their names to the hostile power at the commencement of or during hostilities, and in any case before they are employed.

These ships must be provided with a certificate from the competent authorities declaring that the vessels have been under their control while fitting out and on final departure.

ART. 3. Hospital ships, equipped wholly or in part at the expense of private individuals or officially recognized societies of neutral countries, shall be respected and exempt from capture, on condition that they are placed under the control of one of the belligerents, with the previous consent of their own government and with the authorization of the belligerent himself, and that the latter has notified their name to his adversary at the commencement of or during hostilities, and in any case before they are employed.

ART. 4. The ships mentioned in articles 1, 2, and 3 shall afford relief and assistance to the wounded, sick, and shipwrecked of the belligerents without distinction of nationality.

The governments undertake not to use these ships for any military purpose.

These vessels must in no wise hamper the movements of the combatants.

During and after an engagement they will act at their own risk and peril.

The belligerents shall have the right to control and search them; they can refuse to help them, order them off, make them take a certain course, and put a commissioner on board; they can even detain them, if important circumstances require it.

As far as possible, the belligerents shall enter in the log of the hospital ships the orders which they give them.

ART. 5. Military hospital ships shall be distinguished by being painted white outside with a horizontal band of green about a meter and a half in breadth.

The ships mentioned in articles 2 and 3 shall be distinguished by being painted white outside with a horizontal band of red about a meter and a half in breadth.

The boats of the ships above mentioned, as also small craft which may be used for hospital work, shall be distinguished by similar painting.

All hospital ships shall make themselves known by hoisting, with their national flag, the white flag with a red cross provided by the Geneva Convention, and further, if they belong to a neutral state, by flying at the mainmast the national flag of the belligerent under whose control they are placed.

Hospital ships which, in the terms of article 4, are detained by the enemy, must haul down the national flag of the belligerent to whom they belong.

The ships and boats above mentioned which wish to insure by night the freedom from interference to which they are entitled, must, subject to the assent of the belligerent they are accompanying, take the necessary measures to render their special painting sufficiently plain.

ART. 6. The distinguishing signs referred to in article 5 can only be used, whether in time of peace or war, for protecting or indicating the ships therein mentioned.

ART. 7. In the case of a fight on board a warship, the sick wards shall be respected and spared as far as possible.

The said sick wards and the matériel belonging to them remain subject to the laws of war; they can not, however, be used for any purpose other than that for which they were originally intended, so long as they are required for the sick and wounded.

The commander, however, into whose power they have fallen may apply them to other purposes, if the military situation requires it, after seeing that the sick and wounded on board are properly provided for.

ART. 8. Hospital ships and sick wards of vessels are no longer entitled to protection if they are employed for the purpose of injuring the enemy.

The fact of the staff of the said ships and sick wards being armed for maintaining order and for defending the sick and wounded, and the presence of wireless telegraphy apparatus on board, is not a sufficient reason for withdrawing protection.

ART. 9. Belligerents may appeal to the charity of the commanders of neutral merchant ships, yachts, or boats to take on board and tend the sick and wounded.

Vessels responding to this appeal, and also vessels which have of their own accord rescued sick, wounded, or shipwrecked men, shall enjoy special protection and certain immunities. In no case can they be captured for having such persons on board, but, apart from special undertakings that have been made to them, they remain liable to capture for any violations of neutrality they may have committed.

ART. 10. The religious, medical, and hospital staff of any captured ship is inviolable, and its members can not be made prisoners of war. On leaving the ship they take away with them the objects and surgical instruments which are their own private property.

This staff shall continue to discharge its duties while necessary, and can afterwards leave, when the commander in chief considers it possible.

The belligerents must guarantee to the said staff, when it has fallen into their hands, the same allowances and pay which are given to the staff of corresponding rank in their own navy.

ART. 11. Sailors and soldiers on board, when sick or wounded, as well as other persons officially attached to fleets or armies, whatever their nationality, shall be respected and tended by the captors.

ART. 12. Any warship belonging to a belligerent may demand that sick, wounded, or shipwrecked men on board military hospital ships, hospital ships belonging to relief societies or to private individuals, merchant ships, yachts, or boats, whatever the nationality of these vessels, should be handed over.

ART. 13. If sick, wounded, or shipwrecked persons are taken on board a neutral warship, every possible precaution must be taken that they do not again take part in the operations of the war.

ART. 14. The shipwrecked, wounded, or sick of one of the belligerents who fall into the power of the other belligerent are prisoners of war. The captor must decide, according to circumstances, whether to keep them, send them to a port of his own country, to a neutral port, or even to an enemy port. In this last case, prisoners thus repatriated can not serve again while the war lasts.

ART. 15. The shipwrecked, sick, or wounded, who are landed at a neutral port with the consent of the local authorities, must, unless an arrangement is made to the contrary between the neutral state and the belligerent states, be guarded by the neutral state so as to prevent them again taking part in the operations of the war.

The expenses of tending them in hospital and internment shall be borne by the state to which the shipwrecked, sick, or wounded persons belong.

ART. 16. After every engagement, the two belligerents, so far as military interests permit, shall take steps to look for the shipwrecked, sick, and wounded, and to protect them, as well as the dead, against pillage and ill treatment.

They shall see that the burial, whether by land or sea, or cremation of the dead shall be preceded by a careful examination of the corpse.

ART. 17. Each belligerent shall send, as early as possible, to the authorities of their country, navy, or army the military marks or documents of identity found on the dead and the description of the sick and wounded picked up by him.

The belligerents shall keep each other informed as to internments and transfers as well as to the admissions into hospital and deaths which have occurred among

the sick and wounded in their hands. They shall collect all the objects of personal use, valuables, letters, etc., which are found in the captured ships, or which have been left by the sick or wounded who died in hospital, in order to have them forwarded to the persons concerned by the authorities of their own country.

ART. 18. The provisions of the present convention do not apply except between contracting powers, and then only if all the belligerents are parties to the convention.

ART. 19. The commanders in chief of the belligerent fleets must see that the above articles are properly carried out; they will have also to see to cases not covered thereby, in accordance with the instructions of their respective governments and in conformity with the general principles of the present convention.

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ART. 22. In the case of operations of war between the land and sea forces of belligerents, the provisions of the present convention do not apply except between the forces actually on board ship.

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ART. 25. The present convention, duly ratified, shall replace as between contracting powers, the convention of the 29th July, 1899, for the adaptation to maritime warfare of the principles of the Geneva Convention.

The convention of 1899 remains in force as between the powers which signed it but which do not also ratify the present convention.

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PART III

SUPPLY TABLES

The names of expendable articles are printed in roman type and nonexpendable
in italics.



ARTICLE XII.—POST SUPPLY TABLE

804. In computing the official population entitled to medicines at a station the nearest round number in the supply table is to be taken and requisitions made accordingly. If a post contains a population of more than 1,000, the requisition should call for the allowance of expendable articles for 1,000 plus that for the excess over 1,000.

805. MEDICINES, ANTISEPTICS, DISINFECTANTS, AND HOSPITAL STORES

Articles.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Acacia (pulvis), 1 pound, in wide mouth bottle.....bottles.....	3	4	5	6	7	7
Acetanilidum, 4 ounces, in wide mouth bottle.....do.....	2	2	2	2	3	3
Acetphenetidinum (Phenacetin), 4 ounces, in wide mouth bottle.....bottles.....	2	3	7	7	10	13
Acidum aceticum, $\frac{1}{2}$ pound, in glass stopper bottle.....bottles.....	1	1	2	2	2	3
Acidum boricum (pulvis), $\frac{1}{2}$ pound, in wide mouth bottle.....do.....	5	10	20	20	36	36
Acidum citricum, $\frac{1}{2}$ pound, in wide mouth bottle.....do.....	1	1	1	2	2	2
Acidum hydrochloricum, $\frac{1}{2}$ pound, in glass stopper bottle.....do.....	1	2	4	4	6	8
Acidum hydrocyanicum dilutum, 1 ounce, in dark amber-colored bottle.....bottle.....	1	1	1	1	1	1
Acidum nitricum, $\frac{1}{2}$ pound, in dark amber-colored glass stopper bottle.....bottles.....	1	2	4	4	6	8
Acidum oxalicum, for surgical use, $\frac{1}{2}$ pound, in wide mouth bottle.....bottles.....	3	3	6	10	10	12
Acidum salicylicum, 3 ounces, in wide mouth bottle.....do.....	1	2	2	3	3	4
Acidum sulphuricum, $\frac{1}{2}$ pound, in glass stopper bottle.....do.....	1	2	4	4	4	6
Acidum sulphuricum aromaticum, $\frac{1}{2}$ pound, in glass stopper bottle.....bottles.....	1	2	2	4	4	4
Acidum tannicum (pulvis), 3 ounces, in wide mouth bottle.....do.....	1	1	2	2	3	3
Acidum tartaricum, $\frac{1}{2}$ pound, in wide mouth bottle.....do.....	3	4	6	6	8	10
Adeps lanae, hydrosus, 4 ounces, in wide mouth bottle.....do.....	3	3	4	4	5	5
Adrenalin chloride, 3/200-grain tablet, 25 tablets in dark amber-colored tube.....tubes.....	1	2	2	3	3	4
Æther, $\frac{1}{2}$ pound, in tin.....tins.....	14	30	40	50	90	120
Æthylischloridum, 3 ounces, in metal tube.....tubes.....	2	5	7	8	9	11
Alcohol, 1 quart, in dark amber-colored bottle.....bottles.....	12	18	32	50	75	100
Aloe (pulvis), 1 ounce, in bottle.....do.....	1	1	1	2	2	2
Alumen (pulvis), $\frac{1}{2}$ pound, in wide mouth bottle.....do.....	1	2	2	4	4	6
Ammonii bromidum, $\frac{1}{2}$ pound, in wide mouth bottle.....do.....	1	1	2	2	2	3
Ammonii carbonas (lumps), $\frac{1}{2}$ pound, in wide mouth bottle.....do.....	1	2	2	3	3	4
Ammonii chloridum, 4 ounces, in wide mouth bottle.....do.....	3	4	5	7	11	14
Amylis nitrus, 5-drop pearls, 12 in box.....boxes.....	1	2	2	2	2	2
Antimonii et potassii tartaras, $\frac{1}{2}$ ounce, in bottle.....bottles.....	2	2	2	2	2	2
Apomorphinae hydrochloridum, 6-milligram hypodermic tablets in dark amber-colored tube.....tubes.....	1	1	1	2	2	2
Aqua ammoniæ, 10 per cent, 1 pound, in glass stopper bottle.....bottles.....	3	5	10	12	16	20
Aqua hydrogenii dioxidii, 1 pound, in dark amber-colored bottle.....bottles.....	6	10	18	24	30	40
Argentii nitrates (in crystals), 1 ounce, in dark amber-colored bottle.....bottles.....	1	1	2	2	3	3
Argentii nitrates fusus, 1 ounce, in dark amber-colored bottle.....bottles.....	1	2	2	4	4	4
Argyrol, 1 ounce, in bottle.....do.....	4	6	6	8	10	10
Arseni trioxidum, 1-mgm. tablets, 250 in bottle.....do.....	1	1	2	2	2	2
Asafetida, $\frac{1}{2}$ ounce, in bottle.....do.....	2	2	2	3	3	3
Aspirin, 1 ounce, in bottle.....do.....	4	12	20	20	24	30
Atropinæ sulphas, 0.65-mgm. hypodermic tablets.....tubes.....	2	3	4	5	6	8
Atropinæ sulphas, 0.13-mgm. ophthalmic disks, 50 in dark amber-colored tube.....tubes.....	1	1	1	1	1	2
Atropinæ sulphas, $\frac{1}{2}$ ounce, in bottle.....bottles.....	1	1	1	1	2	2
Balsamum Peruvianum, 4 ounces, in wide mouth bottle.....do.....	2	2	2	3	3	3
Balsamum toltanum, $\frac{1}{2}$ pound, in wide mouth bottle.....do.....	1	1	2	3	4	4
Bismuthi subgallas, $\frac{1}{2}$ pound, in wide mouth bottle.....do.....	1	1	1	2	2	2

805. MEDICINES, ANTISEPTICS, DISINFECTANTS, AND HOSPITAL STORES—Continued

Articles.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Bismuthi subnitras, $\frac{1}{2}$ pound, in wide mouth bottle.....do....	2	2	3	3	3	4
Caffeina citrata, $\frac{1}{2}$ ounce, in bottle.....do....	4	4	4	8	8	12
Calx-calcium oxide (quicklime) ¹						
Calx chlorinata (chlorinated lime), 1 pound, in dark amber-colored wide mouth bottle, with resinized cork.....bottles.	8	12	17	21	25	30
Camphora (pulvis), $\frac{1}{2}$ pound, in wide mouth bottle.....do....	3	4	6	6	8	8
Capsicum (pulvis), $\frac{1}{2}$ ounce, in bottle.....do....	1	1	1	2	2	2
Cera flava, in $\frac{1}{2}$ -pound cake.....cakes.	1	1	1	2	2	2
Chloralum hydratum, 1 ounce, in amber-colored glass stopper bottle.....bottles.	2	2	3	3	4	4
Chloroformum, $\frac{1}{4}$ pound, in tin.....tins.	5	12	18	20	30	35
Chrysarobinum, $\frac{1}{2}$ ounce, in dark amber-colored bottle.....bottle.	1	1	1	1	1	1
Cocainæ hydrochloridum, $\frac{1}{4}$ ounce, in wide mouth bottle.....do....	1	3	5	5	6	8
Cocainæ hydrochloridum, in 10-mgm. hypodermic tablets.....tubes.	1	2	4	4	6	6
Codeina, $\frac{1}{2}$ ounce, in dark amber-colored bottle.....bottles.	3	3	3	6	6	6
Collodium, 1 ounce, in dark amber-colored bottle.....do....	10	20	25	35	40	50
Copaiba, $\frac{1}{2}$ pound, in wide mouth bottle.....do....	4	8	10	12	12	15
Cresotum, 1 ounce, in glass stopper bottle.....do....	2	2	2	3	3	3
Cresol, 1 pound, in amber-colored bottle.....do....	4	8	12	15	18	20
Creta præparata, $\frac{1}{2}$ pound, in wide mouth bottle.....do....	1	1	2	2	3	3
Cupri sulphas, 1 ounce, in bottle.....do....	2	2	2	2	2	2
Digitalinum, 1-mgm. hypodermic tablets.....tubes.	1	1	2	2	3	3
Emplastrum belladonnæ, 2 yards in tin, 6-inch.....tins.	1	3	4	6	6	6
Emplastrum cantharidis, 1 yard in tin, 6-inch.....do....	1	1	1	1	1	1
Emplastrum sinapis, 4 yards in tin, 6-inch.....do....	2	2	3	3	4	4
Ergotinum, 130-mgm. tablets, 80 in bottle.....bottles.	1	1	2	2	2	2
Eucainæ hydrochloridum-B, 1 ounce, in bottle.....do....	1	1	2	2	2	2
Eucalyptol, 1 ounce, in dark amber-colored bottle.....do....	2	2	2	2	2	2
Extractum belladonnæ foliorum, 1 ounce, in bottle.....do....	1	1	1	2	2	2
Extractum glycyrrhizæ purum, 4 ounces, in jar.....jars.	8	12	12	16	24	30
Extractum hyoseyami, 1 ounce, in bottle.....bottle.	1	1	1	1	1	1
Extractum rhamni purshianæ, 130-mgm. tablets, 250 in bottle.....bottles.	2	3	4	5	6	6
Ferri et quiniæ citras solubilis, 3 ounces, in wide mouth dark amber-colored bottle.....bottles.	1	2	4	5	6	7
Ferri sulphas exsiccatus, 4 ounces, in wide mouth bottle.....do....	1	1	1	2	2	2
Fluidextractum colchici seminis, 1 ounce, in bottle.....do....	2	2	2	2	2	2
Fluidextractum ergotæ, $\frac{1}{2}$ pound, in bottle.....do....	1	1	2	2	2	2
Fluidextractum ipecacuanhæ, $\frac{1}{2}$ pound, in bottle.....do....	1	1	1	1	1	1
Fluidextractum pruni virginianæ, 1 pound, in bottle.....do....	1	1	1	2	2	2
Fluidextractum zingiberis, 4 ounces, in bottle.....do....	2	2	3	3	4	4
Foot powder, $\frac{1}{2}$ pound, in tin, with perforated cover.....tins.	6	6	8	10	10	10
Glycerinum, 1 pound, in bottle.....bottles.	6	8	14	16	18	20
Glycerylis nitras (nitroglycerin), 0.65-mgm. tablets, 250 in bottle.....bottles.	1	1	1	2	2	2
Glycerylis nitras (nitroglycerin), 0.65-mgm. hypodermic tablets.....tube.	1	1	1	1	1	1
Guaiaicis carbonas, $\frac{1}{2}$ pound, in bottle.....bottles.	2	2	2	2	2	2
Heroini hydrochloridum, in 5.5-mgm. tablets, 500 in bottle.....do....	1	1	1	2	2	2
Heroini hydrochloridum, in 1-ounce bottle.....do....	1	1	1	2	2	2
Hexamethylenamina (Urotropin), 1 ounce, in wide mouth bottle.....bottles.	2	4	6	8	8	10
Homatropinæ hydrobromidum, 15 grains, in dark amber-colored bottle.....bottles.	2	2	2	2	2	2
Hydrargyri chloridum corrosivum, 3 ounces, in dark amber-colored bottle.....bottles.	1	1	1	2	2	2
Hydrargyri chloridum corrosivum (commercial), 1 pound, in dark amber-colored bottle.....bottles.	2	4	6	8	10	12
Hydrargyri chloridum corrosivum tablets (antiseptic), 250 in wide mouth dark amber-colored bottle.....bottles.	2	3	4	7	15	18
Hydrargyri chloridum mite, $\frac{1}{16}$ -grain tablets, 250 in dark amber-colored bottle.....bottles.	2	6	6	10	12	15
Hydrargyri chloridum mite, $\frac{1}{16}$ -grain tablets, 250 in dark amber-colored bottle.....bottles.	2	3	3	4	4	5
Hydrargyri chloridum mite, 2 ounces, in dark amber-colored bottle.....bottles.	2	4	8	8	12	12
Hydrargyri iodidum flavum, 10-mgm. tablets, 250 in black glass bottle.....bottles.	4	8	10	12	16	18
Hydrargyri oxidum flavum, 1 ounce, in amber-colored bottle.....do....	1	1	1	1	1	1
Hyoseinæ hydrobromidum, 0.65-mgm. hypodermic tablets, in dark amber-colored tube.....tube.	1	1	1	1	1	1
Ichthyolum, 3 ounces, in wide mouth bottle.....bottles.	2	3	4	5	6	8
Insecticide, in 1-pound screw-top tins, as required.....tins.						
Iodoformum, 4 ounces, in wide mouth dark amber-colored bottle.....bottles.	1	1	1	2	2	2
Iodum, 1 ounce, in glass-stopper bottle.....do....	3	5	7	10	13	15
Ipecacuanha (pulvis), 3 ounces, in wide mouth bottle.....do....	1	1	1	2	2	2

¹ To be purchased, in exceptional cases, in quantities authorized by the chief surgeon.

805. MEDICINES, ANTISEPTICS, DISINFECTANTS, AND HOSPITAL STORES—Continued

Articles.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Liquor cresolis compositus, 1 quart, in dark amber-colored bottle.....	6	10	14	18	22	26
Liquor formaldehydi (37½ per cent), 1 quart, in dark amber-colored bottle ¹	6	10	15	20	30	30
Liquor formaldehydi (37½ per cent), 5 gallons, in keg.....	1	1	1	2	3	4
Liquor potassii arsenitis, ½ pound, in bottle.....	1	1	2	2	2	2
Lithii carbonas, ½ ounce, in bottle.....	1	1	1	2	2	2
Lithii citras effervescent tablets, 5-grain tablets, 100 in bottle.....	5	6	7	8	10	12
Lycopodium, 3 ounces, in wide mouth bottle.....	1	1	1	1	1	1
Magnesi carbonas (pulvis), 2 ounces in wide mouth bottle.....	4	6	8	8	8	8
Magnesi sulphas, 4 pounds in tin.....	4	6	11	16	18	22
Massa hydrargyri, 3 ounces, in wide mouth dark amber-colored bottle.....	1	1	1	1	1	1
Menthol, 1 ounce, in wide mouth bottle.....	1	1	3	3	5	5
Methylis salicylas (oil of wintergreen, synthetic), 1 ounce, in glass stopper-dark amber-colored bottle.....	5	8	10	12	14	14
Morphine sulphas (pulvis), ¼ ounce, in dark amber-colored bottle.....	2	3	3	3	4	5
Morphine sulphas, 8-mgm. hypodermic tablets, in dark amber-colored tube.....	4	8	12	16	20	24
Naphthalenum (naphthalene).....	6	10	14	18	22	26
Normal saline solution tablets, 100 in wide mouth bottle.....	2	4	4	6	8	10
Oleatum hydrargyri (10 per cent), 1 pound, in wide mouth dark amber-colored bottle.....	1	1	1	1	1	1
Oleo-resina aspidii, 1 ounce, in bottle, as required.....						
Oleum caryophylli, 1 ounce, in dark amber-colored glass stopper bottle.....	1	1	1	2	2	2
Oleum gossypii seminis, 1 quart, in bottle.....	4	8	12	16	20	24
Oleum menthae piperitæ, 1 ounce, in amber-colored glass stopper bottle.....	3	3	3	5	5	5
Oleum morrhue, 1 pound, in bottle.....	6	8	10	10	12	12
Oleum ricini, 1 quart, in bottle.....	5	10	15	20	20	20
Oleum santali, 1 ounce, in dark amber-colored glass stopper bottle.....	5	5	8	8	10	10
Oleum terebinthine, 1 quart, in bottle.....	4	6	8	10	12	14
Oleum theobromatis, 4 ounces, in wide mouth bottle.....	2	2	2	2	3	3
Oleum tiglli, 1 ounce, in bottle.....	1	1	1	1	1	1
Opium (pulvis), 2 ounces, in wide mouth bottle.....	1	1	1	1	1	1
Pancratinum, 3 ounces, in dark amber-colored bottle.....	1	1	1	2	2	2
Pepsinum, 3 ounces, in wide mouth dark amber-colored bottle.....	1	2	3	4	4	4
Peptonizing tablets, 125, in wide mouth dark amber-colored bottle.....	1	1	1	1	1	1
Petrolatum, 3 pounds, in tin.....	4	6	10	12	14	18
Petrolatum liquidum, 1 pound, in bottle.....	1	3	4	6	7	9
Phenol, crystallized, ½ pound, in dark amber-colored bottle.....	4	4	6	16	18	24
Phenylis salicylas (salol), 3 ounces, in wide mouth amber-colored bottle.....	1	4	6	6	6	6
Physostigmine sulphas, 0.0325-mgm. ophthalmic disks, 50, in dark amber-colored tube.....	1	1	1	1	1	1
Pilocarpine hydrochloridum, 8-mgm. hypodermic tablets in dark amber-colored tubes.....	2	2	2	4	4	4
Pilule aloini composite (or tablets), 250, in bottle.....	1	3	6	8	12	18
Pilule carminative (or tablets), 80, in bottle.....	2	3	3	3	5	5
Pilule cathartice composite (or tablets), 400, in bottle.....	2	3	3	4	5	6
Pilule copalbe composite (or tablets), 250, in bottle.....	2	3	6	6	10	12
Pilule ferri composite (or tablets), 80, in dark amber-colored bottle.....	3	8	12	12	15	15
Plumbi acetas, 6 ounces, in wide mouth bottle.....	1	4	4	4	6	6
Potassii acetas, 6 ounces, in wide mouth bottle.....	3	5	8	8	12	12
Potassii bicarbonas, 1 pound, in wide mouth bottle.....	1	1	2	2	3	3
Potassii bromidum, 1 pound, in wide mouth bottle.....	1	2	3	4	5	6
Potassii chloras (pulvis), 1 pound, in wide mouth bottle.....	1	2	3	4	5	6
Potassii chloras, 324-mgm. tablets, 250, in bottle.....	2	3	4	4	4	4
Potassii et sodii tartaras (pulvis), 3 pounds, in tin.....	1	3	4	4	6	6
Potassii hydroxidum, 1 ounce, in hard glass bottle, glass stopper sealed with paraffin.....	1	1	2	4	6	8
Potassii iodidum, ½ pound, in wide mouth bottle.....	2	3	4	6	8	10
Potassii permanganas, 1 pound, in amber-colored wide mouth bottle.....	4	10	16	20	30	40
Protargol, 1 ounce, in amber-colored bottle.....	6	6	8	8	10	10
Pulvis glycyrrhizæ compositus, 4 ounces, in wide mouth bottle.....	2	2	2	2	4	4

¹ For generating formaldehyde gas, 1 pound formaldehyde solution, 1 pound potassium permanganate, and ½ pound water should be mixed in a deep container (e. g., a close stool). This quantity is adequate to 1,000 cubic feet of air space. (See par. 185.)

805. MEDICINES, ANTISEPTICS, DISINFECTANTS, AND HOSPITAL STORES—Continued

Articles.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Pulvis ipecacuanhæ et opii, 4 ounces, in wide mouth bottle.....	3	3	3	4	5	5
Quininae hydrochlorosulphas, 32-mgm. hypodermic tablets, in dark amber-colored tube.....	2	4	8	8	12	12
Quininae sulphas (pulvis), 1 ounce, in wide mouth dark amber-colored bottle.....	3	6	8	12	16	20
Quininae sulphas, 200-mgm. tablets, 500, in wide mouth dark amber-colored bottle.....	4	7	8	10	12	14
Resina podophylli, $\frac{1}{2}$ ounce, in dark amber-colored bottle.....	1	2	2	2	3	3
Rheum (pulvis), 2 ounces, in wide mouth bottle.....	1	1	1	1	2	2
Saccharum (sugar, white), in 12-pound can.....	2	4	6	8	10	12
Saccharum lactis (pulvis), 3 ounces, in wide mouth bottle.....	1	2	2	3	3	4
Santoninum, 32-mgm. tablets, 250, in dark amber-colored bottle.....	1	1	1	1	1	1
Sapo mollis (soap, green), 1 pound, in jar.....	2	4	10	18	24	30
Serum antidiphthericum (diphtheria antitoxin) ¹						
Serum antitetanicum (tetanus antitoxin) ¹						
Serum antimeningitidis ¹						
Sinapis nigra (pulvis), 2 pounds, in tin.....	1	1	1	2	2	2
Sodii bicarbonas, 1 pound, in wide mouth bottle.....	5	7	10	12	14	17
Sodii bicarbonas et mentha piperita (tablets), 400 in bottle.....	1	4	4	4	4	6
Sodii boras (pulvis), 1 pound, in wide mouth bottle.....	2	4	8	8	12	12
Sodii bromidum, 6 ounces, in wide mouth bottle.....	1	2	2	3	3	4
Sodii carbonas monohydratus, for surgical use, 1 pound, in wide mouth bottle.....	2	2	4	4	6	6
Sodii phosphas exsiccatus (pulvis), 3 ounces, in wide mouth bottle.....	2	8	14	20	30	40
Sodii salicylas, 6 ounces, in wide mouth dark amber-colored bottle.....	6	8	10	10	12	12
Spiritus ætheris compositus, $\frac{1}{2}$ pound, in dark amber-colored glass stopper bottle.....	1	1	2	2	2	3
Spiritus ætheris nitrosi, $\frac{1}{2}$ pound, in dark amber-colored glass stopper bottle.....	3	6	10	16	18	20
Spiritus ammoniæ aromaticus, $\frac{1}{2}$ pound, in glass stopper bottle.....	1	4	6	8	8	10
Spiritus frumenti (whisky), 1 quart, in bottle.....	6	8	8	10	12	12
Spiritus vini gallici (brandy), 1 quart, in bottle.....	2	4	4	6	8	10
Strychninae sulphas, 1-mgm. hypodermic tablets, 250, in bottle.....	3	3	4	5	6	6
Sulphonethylmethanum (Trional), 2 ounces, in wide mouth bottle.....	1	2	2	2	3	3
Sulphonmethanum (Sulphonal), 324-mgm. tablets, 250, in bottle.....	1	1	2	2	2	2
Sulphur, in roll.....	20	30	40	50	60	70
Sulphur lotum, $\frac{1}{2}$ pound, in wide mouth bottle.....	1	2	2	3	3	4
Syrupus ferri iodidi, $\frac{1}{2}$ pound, in bottle.....	1	1	1	2	2	2
Syrupus hypophosphitum compositus, 1 pound, in bottle.....	2	2	2	2	2	2
Syrupus scillæ, 1 pound, in bottle.....	2	3	4	6	8	8
Talcum, 2 pounds, in screw-top tin.....	2	2	3	3	4	4
Thymol, 1 ounce, in bottle.....	1	1	2	2	3	3
Thymolis iodidum (Aristol), 1 ounce, in dark amber-colored bottle.....	2	3	3	4	5	5
Tinctura aconiti in 1-ounce bottle.....	2	2	2	2	2	2
Tinctura benzoini composita, in $\frac{1}{2}$ -pound bottle.....	2	2	4	4	6	6
Tinctura cantharidis, 4 ounces, in bottle.....	1	1	1	1	1	1
Tinctura capsici, 4 ounces, in bottle.....	1	1	1	1	1	1
Tinctura cinchonæ composita, 1 pound, in bottle.....	2	3	3	3	3	3
Tinctura digitalis, $\frac{1}{2}$ pound, in bottle.....	1	1	1	2	2	2
Tinctura ferri chloridi, 1 pound, in dark amber-colored glass stopper bottle.....	1	2	3	5	6	7
Tinctura gentianæ composita, 1 pound, in bottle.....	2	3	4	5	6	7
Tinctura myrrhæ, $\frac{1}{2}$ pound, in bottle.....	1	1	1	2	2	2
Tinctura nucis vomicæ, $\frac{1}{2}$ pound, in bottle.....	1	1	1	2	2	2
Tinctura opii, 1 pound, in bottle.....	1	2	3	4	4	4
Tinctura opii camphorata, 1 pound, in bottle.....	3	8	10	10	12	12
Tinctura strophanthi, 1 ounce, in bottle.....	2	2	2	2	2	2

¹ Upon the appearance of a case requiring antitoxin the surgeon may purchase locally such quantity as he may need for immediate use. Further supplies, estimated as necessary, will be procured by telegram, sent direct to the officer in charge of the supply depot nearest the post or station. Quantities to meet the contingencies of a possible epidemic should be asked for and supplementary requests made as the necessity arises. Requests should be made for containers holding so many units, e. g., 5 tubes of 1,000 units, 3 tubes 5,000 units, etc. A report of these requests will be made by information slip to the Surgeon-General, through the chief surgeon. Careful scrutiny of the time limit placed on the package should be made and the unused quantities should be returned to the supply officer from whom they were received, immediately upon the establishment of the fact that they are no longer needed, in order that they may be returned to the dealer and credit be secured to the department.

805. MEDICINES, ANTISEPTICS, DISINFECTANTS, AND HOSPITAL STORES—Continued

Articles.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Trochisci ammonii chloridi, 125, in bottle.....bottles..	2	5	6	9	12	16
Unguentum hydrargyri, $\frac{1}{2}$ pound, in wide mouth dark amber-colored bottle.....bottles..	3	5	8	12	14	16
Vinum Xericum (sherry wine), 1 quart, in bottle, until exhausted.....bottles..	2	4	6	6	8	8
Zinci oxidum, 4 ounces, in wide mouth bottle.....do.....	2	2	2	4	4	4
Zinci sulphas, $\frac{1}{2}$ pound, in wide mouth bottle.....do.....	1	1	1	2	2	2

806. FORMULÆ OF NONOFFICIAL COMPOUND MEDICINAL PREPARATIONS, LISTED IN THE SUPPLY TABLE

<i>Ammonii chloridi trochisci.</i>		<i>Peptonizing tablets.</i>	
Ammonii chloridum.....mgms..	130	Pancreatinum.....mgms..	162
Extractum glycyrrhizæ purum.....do.....	518	Sodii bicarbonas.....do.....	487.5
Oleum anisi.....do.....	3	One tablet peptonizes 250 c.c. of milk.	
<i>Antiseptic.</i>		<i>Pilulæ aloini compositzæ.</i>	
Hydrargyri chloridum cor.....mgms..	500	Aloinum.....mgms..	8
Ammonii chloridum.....do.....	475	Podophylli resina.....do.....	8
One tablet to $\frac{1}{2}$ liter of water makes a 1 to 1,000 solution.		Belladonnæ fol. ext.....do.....	8
<i>Foot powder.</i>		Strychnina.....do.....	8
Acidum salicylicum.....parts..	3	Oleoresina capsici.....do.....	2.7
Amylum.....do.....	10	<i>Pilulæ camphoræ et opii.</i>	
Talcum pulvis.....do.....	87	Camphora.....mgms..	130
<i>Linimentum rubefaciens.</i>		Opium.....do.....	65
Camphora.....mgms..	250	<i>Pilulæ carminativæ.</i>	
Capsicum.....do.....	250	Morphinæ sulphas.....mgms..	8
Extractum belladonnæ fol.....do.....	250	Camphora.....do.....	16
Dissolve 2 tablets in 30 c. c. of alcohol.		Extractum rhei.....do.....	32
<i>Mistura glycyrrhizæ composita.</i>		Sodii carbonas monohydratus.....do.....	100
Extractum glycyrrhizæ purum.....mgms..	6	Oleoresina capsici.....do.....	2.7
Camphora.....do.....	2.5	Oleum menthiæ pip.....do.....	5
Acidum benzoicum.....do.....	2.5	<i>Pilulæ copaibæ compositzæ.</i>	
Opium.....do.....	2.5	Copaiba.....mgms..	100
Antimonii et pot. tartaras.....do.....	1	Guaiacum.....do.....	24
Oleum anisi.....do.....	2.5	Ferri citras.....do.....	24
Each tablet is the practical equivalent of 4 c. c. of Brown mixture.		Oleoresina cubebæ.....do.....	40
<i>Normal saline solution.</i>		<i>Pilulæ ferri compositzæ.</i>	
Sodii chloridum, chemically pure.....gms..	2.	Ferri pyrophosphas.....mgms..	65
Sodii carbonas monohydratus, chemically pure.....do.....	.3	Quininæ sulphas.....do.....	32
Three tablets to a liter make a 0.6 per cent solution of sodium chlorid.		Strychninæ sulphas.....do.....	1
		<i>Sodii bicarb. et mentha pip.</i>	
		Sodii bicarbonas.....mgms..	258
		Ammonii carbonas.....do.....	16
		Oleum menthiæ piperitæ.....do.....	5

807. BOTTLES AND JARS CONTAINED IN DISPENSING SET

<i>Tincture bottles.</i>		<i>Salt mouth bottles.</i>	
1 liter.....number..	11	500 gm.....number..	9
500 c. c.....do.....	9	250 gm.....do.....	28
250 c. c.....do.....	21	125 gm.....do.....	22
125 c. c.....do.....	6	60 gm.....do.....	23
60 c. c.....do.....	18	<i>Salt mouth bottles, amber-colored.</i>	
<i>Tincture bottles, amber-colored.</i>		60 gm.....number..	4
125 c. c.....number..	2	<i>Total bottles.....number..</i>	
<i>Steeple-top jars.</i>		<i>Total jars.....do.....</i>	
250 gm.....number..	10		

808.

STATIONERY

Articles.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
<i>Baskets, letter</i>	number..	2	2	2	3	4
<i>Baskets, waste paper</i>	do.....	2	2	2	3	4
<i>Blank books, cap, 250 pages</i>	do.....	2	3	4	6	10
<i>Blank books, 8vo, 150 pages</i>	do.....	1	2	3	5	9
<i>Blotters, hand</i>	do.....	2	2	2	2	2
<i>Cups, sponge</i>	do.....	2	2	2	2	2
<i>Elastic bands, assorted</i>	gross..	2	2	2	3	5
<i>Envelopes, official, large</i>	number..	200	200	200	300	300
<i>Envelopes, official, letter</i>	do.....	600	600	800	1,000	1,000
<i>Envelopes, official, note</i>	do.....	100	100	150	200	200
<i>Erasers, rubber</i>	pieces..	2	2	3	4	4
<i>Erasers, rubber, circular "typewriter"</i>	do.....	2	2	3	4	4
<i>Erasers, steel</i>	number..	2	2	2	2	2
<i>Ink, writing, 1 quart in bottle</i>	bottles..	2	2	3	3	4
<i>Ink, carmine, 1 ounce in bottle</i>	do.....	2	4	6	6	8
<i>Inkstands</i>	number..	3	3	3	4	4
<i>Labels, for dispensing set</i>	set.....	1	1	1	1	1
<i>Labels, for vials</i>	gross..	3	6	9	12	24
<i>Mucilage</i>	bottles..	2	4	6	10	14
<i>Pads, letter</i>	number..	8	14	16	20	28
<i>Pads, prescription</i>	do.....	12	24	36	48	72
<i>Paper, blotting</i>	quires..	2	2	4	4	6
<i>Paper, carbon, legal cap</i>	sheets..	50	50	100	100	200
<i>Paper, carbon, letter</i>	do.....	50	50	100	100	200
<i>Paper cutters</i>	number..	2	2	2	2	2
<i>Paper fasteners</i>	boxes..	1	2	2	4	4
<i>Paper, onion skin, legal cap</i>	quires..	10	15	20	25	30
<i>Paper, onion skin, letter</i>	do.....	10	15	20	25	30
<i>Paper weights</i>	number..	2	2	2	2	2
<i>Paper, wrapping, blue</i>	quires..	2	4	6	8	10
<i>Paper, wrapping, brown</i>	do.....	2	4	6	8	10
<i>Paper, wrapping, white</i>	do.....	1	2	3	4	5
<i>Paper, writing, legal cap</i>	do.....	6	8	10	10	15
<i>Paper, writing, letter</i>	do.....	10	14	18	22	26
<i>Paper, writing, letter, typewriter</i>	do.....	12	20	25	38	50
<i>Paper, writing, note</i>	do.....	6	6	6	12	12
<i>Pencils, lead</i>	number..	18	18	24	24	36
<i>Penholders</i>	do.....	8	8	10	10	12
<i>Penracks</i>	do.....	3	3	3	3	3
<i>Pens, steel</i>	do.....	100	150	200	200	300
<i>Ribbons, copying, for typewriter, as required</i> ¹	do.....					
<i>Ribbons, record, for typewriter, as required</i> ¹	do.....					
<i>Rulers</i>	do.....	2	2	2	2	2
<i>Stamp, penalty, rubber, with ink pad</i>	do.....	1	1	1	1	1
<i>Stamps, rubber, as required</i>	do.....					
<i>Typewriter, with accessories</i>	do.....	1	1	1	2	2

¹ Supplied on the order of the chief surgeon. One for each machine only at a time should be asked for. The kind of ribbon and make of machine should be stated in the request.

809.

HOSPITAL SUPPLIES

FURNITURE, BEDDING, AND CLOTHING; MISCELLANEOUS FURNITURE
AND APPLIANCES FOR OPERATING ROOM; INSTRUMENTS, APPLIANCES,
AND DRESSINGS

Articles.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
<i>Alcohol, denatured, in 5 gal. tin</i>	tins..	5	10	20	30	30
<i>Apparatus, compressed air (par. 833), as required</i>	number..					
<i>Apparatus, electric</i> ¹	do.....	1	1	1	1	1
<i>Apparatus, restraint (par. 832)</i>	do.....	1	1	1	1	1
<i>Apparatus, X-ray, as required</i>	do.....					
<i>Applicator for throat</i>	do.....	2	2	2	3	4
<i>Atomizers, hand</i>	do.....	4	4	6	6	8
<i>Bacteriological set, as per list (par. 828)</i>	do.....					
<i>Bag, obstetrical (par. 820)</i>	do.....	1	1	1	1	1
<i>Bags, rubber, hot water</i>	do.....	1	4	6	6	10
<i>Bags, rubber, ice, for head</i>	do.....	1	2	4	4	6

¹ Sulphuric acid, sulphate of copper, and bichromate of potash, in 500-gm. bottles, and metallic mercury, in 125-gm. bottles, will be issued as required for battery use.

809.

HOSPITAL SUPPLIES—Continued

FURNITURE, BEDDING, AND CLOTHING; MISCELLANEOUS FURNITURE
AND APPLIANCES FOR OPERATING ROOM; INSTRUMENTS, APPLIANCES,
AND DRESSINGS

Articles.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Bandages, flannel, 3-inch roller.....dozen.....	1	2	4	4	6	6
Bandages, gauze, roller, assorted, in boxes of 6 dozen.....boxes.....	7	9	12	16	18	24
Bandages, rubber (<i>Martin's</i>), 4 yards by 2½ inches.....number.....	1	1	1	2	2	2
Bandages, suspensory.....do.....	8	12	16	20	30	40
Bandage winder.....do.....	1	1	1	1	1	1
Basins for sponges, etc., white enamel ware.....do.....	4	4	4	4	6	8
Basin, wash, delf, for office.....do.....	1	1	1	1	1	1
Basins, wash, enamel ware.....do.....	2	2	2	3	3	3
Basins, wash, hand, white enamel ware.....do.....	6	6	6	10	10	10
Bath bricks.....do.....	2	2	4	4	6	6
Bed cradle.....do.....	1	1	2	2	3	3
Bedsteads, white enamel, per standard.....do.....	8	16	32	40	64	80
Bed pans, agate ware or enamel.....do.....	3	3	5	6	8	10
Bell, call.....do.....	1	1	1	1	1	1
Blankets, white.....do.....	24	48	96	120	192	240
Blowers for insect powder.....do.....	1	1	1	1	2	2
Boilers, coffee, large, agate, 1½-quart.....do.....				1	1	1
Boilers, coffee, small, agate, 6-quart.....do.....	2	2	2	3	3	3
Boilers, tin, copper bottom.....do.....	1	1	1	1	1	1
Boilers, double, for cooking, large, 11-quart.....do.....	1	1	1	1	1	1
Boilers, double, for cooking, small, 4-quart.....do.....	1	1	1	1	2	2
Bookcases, as required.....do.....						
Bottles, 4-quart, for antiseptic solutions.....do.....	6	6	6	6	6	6
Bougies, flexible, as required.....do.....						
Bowl for chopping.....do.....	1	1	1	1	1	1
Bowls, soup, delf.....do.....	18	24	36	48	60	72
Bowls, sugar, with lid.....do.....	2	2	4	4	6	6
Boxes, folding, for tablets.....do.....	30	40	45	50	60	70
Boxes, fracture, folding.....number.....	1	1	1	2	2	2
Boxes, ointment, impervious.....do.....	12	15	20	30	40	50
Boxes, pill.....do.....	20	40	60	80	100	120
Boxes, powder.....do.....	18	18	24	40	50	60
Brooms.....number.....	12	20	32	42	62	70
Brooms, hair, long handle.....do.....	2	2	2	2	4	6
Brooms, whisk.....do.....	2	2	2	2	2	2
Brushes, hair, for floors.....do.....	2	4	8	12	16	20
Brushes, hand, scrub, fiber.....do.....	6	10	15	22	30	37
Brushes, scrubbing.....do.....	12	12	18	18	24	24
Brushes, stove-blackening.....do.....	2	2	2	4	4	4
Brushes, weighted, for polishing floors, as required.....do.....						
Brushes, weighted, extra brushes for, as required.....do.....						
Buckets, covered, 7-quart, metal.....do.....	2	2	4	4	5	6
Buckets, fiber.....do.....	4	6	8	10	12	15
Buckets, fire, galvanized iron.....do.....	12	12	18	18	24	24
Burner, Bunsen's ¹.....do.....	1	1	1	1	1	1
Cabinet for blanks and documents, metal.....do.....	1	1	1	1	1	1
Cabinets for dressings and instruments.....do.....	1	1	1	2	2	2
Can openers.....do.....	2	2	3	3	4	4
Cans, milk, 9-quart, metal.....do.....	1	1	2	2	2	3
Capsules, gelatin, 100 in box, 4 sizes.....boxes.....	20	24	32	40	60	72
Case, aspirating (par. 821).....number.....	1	1	1	1	1	1
Case, dental, post, small (par. 830).....do.....	1	1	1	1	1	1
Case, emergency (par. 824).....do.....	1	1	2	2	3	3
Case, ear, nose, and throat (par. 815).....do.....	1	1	1	1	1	1
Case, eye (par. 816).....do.....	1	1	1	1	1	1
Case, forceps, hæmostatic, 12 in set (par. 813).....do.....	1	1	1	1	1	1
Case, general operating (par. 811).....do.....	1	1	1	1	1	1
Case, genito-urinary (par. 814).....do.....	1	1	1	1	1	1
Case, gynecological (par. 819).....do.....	1	1	1	1	1	1
Cases, pocket (par. 812).....do.....	1	1	2	2	2	3
Case, post-mortem (par. 825).....do.....	1	1	1	1	1	1
Case, tooth-extracting (par. 831).....do.....	1	1	1	1	1	1
Case, trial lenses (par. 817).....do.....	1	1	1	1	1	1
Catheters, flexible, as required ².....do.....						
Chairs, arm.....do.....	2	4	8	12	16	20
Chairs, common.....do.....	6	12	24	36	48	60
Chairs, invalid, rolling.....do.....	1	2	2	2	3	4
Chairs, office, revolving.....do.....	2	2	3	4	5	5

¹ Will not be issued to posts that have no gas supply.² The French scale will be used in giving the sizes of catheters required.

809.

HOSPITAL SUPPLIES—Continued

FURNITURE, BEDDING, AND CLOTHING; MISCELLANEOUS FURNITURE AND APPLIANCES FOR OPERATING ROOM; INSTRUMENTS, APPLIANCES, AND DRESSINGS

Articles.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
<i>Chairs, rocking</i>	number	2	3	4	5	8
<i>Chamois skins</i>	do.	4	4	6	6	8
<i>Charts, anatomical, in case</i>	set.	1	1	1	1	1
<i>Chemical set, as required (par. 829)</i>	do.					
<i>Cleaver</i>	number	1	1	1	1	1
<i>Clocks</i> ¹	do.	3	3	5	5	8
<i>Close stools</i>	do.	2	2	3	3	4
<i>Clothes bags</i>	do.	2	2	2	3	4
<i>Clothes line, manila</i>	yards	60	60	60	90	90
<i>Colanders</i>	number	1	1	1	2	2
<i>Cork extractor</i>	do.	1	1	1	1	1
<i>Cork presser</i>	do.	1	1	1	1	1
<i>Corks, assorted, in bags of 24 dozen</i>	bags	2	3	6	9	15
<i>Corks, large, No. 10</i>	dozen	2	2	3	4	6
<i>Corkscrews</i>	number	2	2	2	3	3
<i>Cots, finger, rubber</i>	dozen	1	1	1	1	1
<i>Cotton, absorbent</i>	pounds	12	32	36	48	72
<i>Cotton bats</i>	do.	4	8	8	16	24
<i>Cruets, vinegar and oil</i>	number	2	2	4	4	4
<i>Crutches</i>	pairs	4	4	6	6	8
<i>Crutches, rubber tips for</i>	number	4	8	12	18	30
<i>Cups</i>	do.	8	16	32	48	80
<i>Cups, feeding</i>	do.	2	4	6	8	10
<i>Cups, spit, white enamel</i>	do.	6	12	18	24	48
<i>Cups, spit, paper, as required</i>	do.					
<i>Cups, spit, metal frames for, as required</i>	do.					
<i>Curettes, as required</i>	do.					
<i>Cushions, rubber, small</i>	do.	2	2	2	3	3
<i>Cushions, rubber, with open center</i>	do.	1	1	1	2	2
<i>Cuspidors</i>	do.	2	2	3	3	4
<i>Desks, office</i>	do.	2	2	3	4	5
<i>Desks, office, cloth or rubber duck top for, as required</i>	do.					
<i>Dippers</i>	do.	3	3	4	4	5
<i>Dish covers, wire netting, assorted</i>	do.	6	6	9	9	12
<i>Dishes, meat, assorted</i>	do.	4	4	6	8	10
<i>Dishes, Petri's, for needles, etc.</i>	do.	2	2	2	2	2
<i>Dishes, soap, with cover, for office</i>	do.	1	1	1	2	2
<i>Dishes, vegetable, with cover</i>	do.	4	4	6	8	10
<i>Dispensing set</i>	set	1	1	1	1	1
<i>Drawer pulls, with labels, as required</i>	number					
<i>Egg beaters</i>	do.	1	1	1	2	2
<i>Eye shades</i>	do.	2	4	6	6	8
<i>Fans</i>	do.	6	6	9	9	12
<i>Fire extinguishers</i>	do.	1	1	1	2	2
<i>First-aid packets, to be held in reserve for field service</i>	do.	50	100	150	200	300
<i>Flasks, Erlenmeyer's, 2-quart, for antiseptic solutions</i>	do.	6	6	6	6	6
<i>Floor dressing, ingredients for:</i> ²						
<i>Paraffin, in 1-pound cakes, as required</i>	cakes					
<i>Turpentine, in 5-gallon cans, as required</i>	cans					
<i>Wax, yellow, in 1-pound cakes, as required</i>	cakes					
<i>Forceps, needle</i>	number	1	1	1	1	1
<i>Forks, carving</i>	do.	2	2	2	3	4
<i>Forks, flesh</i>	number	1	1	1	2	2
<i>Forks, table, silver-plated</i>	do.	24	36	48	56	72
<i>Freezers, ice cream, as required</i>	do.					
<i>Funnels, glass, ½-pint, 1-pint, and 1-quart</i>	do.	3	3	3	6	6
<i>Gauze, iodoform, in ½-yard packets</i>	yards	6	8	10	15	25
<i>Gauze, plain</i>	do.	200	400	500	900	2,000
<i>Gloves, rubber, sizes and numbers as required</i>	pairs					
<i>Glue, liquid, in small commercial tins</i>	tins	1	1	1	2	2
<i>Gowns, convalescent, summer</i>	number	6	12	24	36	48
<i>Gowns, convalescent, winter</i>	do.	6	12	24	36	48
<i>Graters, large</i>	do.	1	1	1	2	2
<i>Graters, small</i>	do.	1	1	1	2	2
<i>Gravy boats</i>	do.	2	2	4	4	6
<i>Gridiron</i>	do.	1	1	2	2	2
<i>Grindstone, complete, 10-inch, kitchen</i>	do.	1	1	1	1	1
<i>Haemocytometer</i>	do.	1	1	1	1	1

¹ Clocks will be issued on the basis of one for each ward, one for kitchen, one for dispensary, and one for each office.² The floor dressing ordinarily used in the Medical Department is made by dissolving 2 pounds of beeswax and ½ pound of paraffin in 1 gallon of turpentine.

809.

HOSPITAL SUPPLIES—Continued

FURNITURE, BEDDING, AND CLOTHING; MISCELLANEOUS FURNITURE
AND APPLIANCES FOR OPERATING ROOM; INSTRUMENTS, APPLIANCES,
AND DRESSINGS

Articles.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Hæmoglobin scales, Tallquist's.....	number	1	1	1	2	2
Hand grenades.....	do.	12	18	24	36	48
Hones.....	do.	1	1	1	2	2
Hose, canvas, 1-inch, in 16-yard lengths.....	yards	30	30	30	60	60
Hose nozzles, plain and spray.....	number	2	2	2	2	2
Hose, reel cart for.....	do.	1	1	1	1	1
Inflator, Politzer's.....	do.	1	1	1	1	1
Inhaler, chloroform, with drop bottle.....	do.	1	1	1	1	1
Inhaler, ether.....	do.	1	1	1	1	1
Instrument boilers.....	do.	1	1	1	1	2
Irrigators, metal, graduated, 2-quart.....	do.	1	1	1	2	2
Irrigators, Valentine's.....	do.	2	2	2	2	2
Jars, large, for dressings, etc.....	do.	4	4	4	6	6
Jars, small, covered, for ligatures, etc.....	do.	2	2	2	3	3
Kettle, croup.....	do.	1	1	1	1	1
Kettles, tea.....	do.	2	2	2	3	3
Knife, chopping.....	do.	1	1	1	1	1
Knives, bread.....	do.	1	1	1	2	2
Knives, butcher's.....	do.	1	1	1	2	2
Knives, carving.....	do.	2	2	2	3	4
Knives, table, silver-plated.....	do.	24	36	48	56	72
Ladder, step.....	do.	1	1	1	1	1
Ladles.....	do.	2	2	2	3	3
Lamp chimneys, as required ¹	do.					
Lamps, hand.....	do.	2	2	2	3	3
Lamp shades, as required.....	do.					
Lamps, spirit, glass.....	do.	2	2	2	4	4
Lamps, stand.....	do.	2	2	2	3	3
Lampwicks, as required ¹	do.					
Lantern glasses, extra, green and white, as required.....	do.					
Lantern wicks, as required.....	do.					
Lanterns.....	do.	2	2	2	3	3
Lavage tubes, rectum.....	do.	1	1	1	2	2
Lavage tubes, stomach.....	do.	1	1	1	2	2
Lawn mower.....	do.	1	1	1	1	1
Ligature, catgut, sterilized, 3 sizes, in packages, 18 inches each.....	packages	5	12	18	20	24
Ligature, horse hair, coils of 100.....	coils	2	2	4	4	6
Ligature, kangaroo tendon, in hermetically sealed glass tubes, 1 tendon in each tube, packages of 50.....	packages	2	2	4	4	6
Ligature, silk, braided, sterilized, 3 sizes in package, 18 inches each.....	packages	5	8	16	16	24
Ligature, silkworm gut, in coils of 100.....	coils	1	1	2	2	3
Linoleum, as required.....	yards					
Litters, with slings.....	number	2	2	3	3	5
Litters, extra parts for, as required.....	do.					
Looking glasses.....	do.	4	4	6	6	8
Lye, concentrated, in 1-pound can with sifting top.....	cans	9	18	22	27	36
Mats, door, Manila.....	number	4	4	6	6	8
Mats, door, metal.....	do.	3	3	4	4	5
Matting, rubber, as required.....	yards					
Mattress covers.....	number	9	18	27	36	45
Mattresses, hair, in three equal parts.....	do.	8	15	22	28	34
Measures, metal, 1 pint, 1 quart, 2 quarts, and 4 quarts.....	set	1	1	1	1	1
Measures, glass, graduated, 10 c. c.....	number	2	2	2	3	3
Measures, glass, graduated, 100 c. c.....	do.	2	2	2	3	3
Measures, glass, graduated, 250 c. c.....	do.	2	2	2	3	3
Measures, glass, graduated, 500 c. c.....	do.	2	2	2	2	3
Meat cutter.....	do.	1	1	1	1	1
Medicine droppers.....	do.	24	30	60	60	90
Medicine glasses.....	do.	4	6	9	12	15
Microscope (par. 826).....	do.	1	1	1	1	1
Microscopical accessories, outfit of (par. 827).....	do.	1	1	1	1	1
Mills, coffee.....	do.	1	1	1	2	2
Mop handles.....	do.	4	6	8	8	10
Mop heads, as required.....	do.					
Mortar and pestle, glass, 10-cm.....	do.	1	1	1	1	1
Mortar and pestle, Wedgewood, 8-cm.....	do.	1	1	1	1	2
Mortar and pestle, Wedgewood, 20-cm.....	do.	1	1	2	2	3
Mortar and pestle, Wedgewood, 30-cm.....	do.	1	1	1	1	1

¹ State kind of lamps for which chimneys and wicks are desired.

809.

HOSPITAL SUPPLIES—Continued

FURNITURE, BEDDING, AND CLOTHING; MISCELLANEOUS FURNITURE
AND APPLIANCES FOR OPERATING ROOM; INSTRUMENTS, APPLIANCES,
AND DRESSINGS

Articles.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
<i>Mosquito bars, as required</i>						
<i>Muslin, unbleached</i>	number					
<i>Needle, sailmaker's</i>	yards	10	10	15	20	25
<i>Needles, surgical, assorted, as required</i>	number	1	1	1	1	1
<i>Needles, surgical (Hagedorn's), 20 in set</i>	do					
<i>Needle, upholsterer's</i>	sets	1	1	1	2	2
<i>Needles, common, assorted</i>	number	1	1	1	1	1
<i>Oil can with pump, 5 gals</i>	papers	3	3	3	6	6
<i>Oilcloth, for table</i>	number	1	1	1	1	1
<i>Operating gowns for surgeons and assistants</i>	yards	6	6	12	12	18
<i>Operating tables</i>	number	4	4	6	6	8
<i>Ophthalmoscope</i>	do	1	1	1	1	2
<i>Pails, enamel ware</i>	do	1	1	1	1	1
<i>Pails, milk, with strainer</i>	do	2	2	2	3	3
<i>Pajamas, suits</i>	do	1	1	1	2	2
<i>Pans, dish, metal</i>	do	12	24	40	60	80
<i>Pan, dish, extra heavy retinned or metal, 35-quart</i>	do	2	2	2	3	3
<i>Pans, dust</i>	do	1	1	1	1	1
<i>Pans, frying</i>	do	2	3	4	4	6
<i>Pans, milk, metal</i>	do	6	6	8	8	10
<i>Pans, muffin, metal</i>	do	2	2	3	3	4
<i>Pans, sauce, metal</i>	do	2	2	2	3	3
<i>Paper, filtering, round, 10-inch</i>	packages	3	3	4	4	5
<i>Paper, litmus, blue and red, of each</i>	sheets	2	2	3	3	4
<i>Paper, oiled, in 5-yard roll</i>	rolls	1	2	3	4	5
<i>Paper, tarred, in 30-yard roll, as required</i>	do					
<i>Paper, toilet, in rolls of 1,000 sheets</i>	do	40	80	137	205	285
<i>Pencils, hair, 1 dozen in vial</i>	dozen	2	6	9	12	15
<i>Pepper boxes</i>	number	2	2	4	4	4
<i>Percolators, glass</i>	do	1	1	1	2	2
<i>Pickle dishes</i>	do	2	2	4	4	5
<i>Pill machine</i>	do	1	1	1	1	1
<i>Pillows, feather</i>	do	6	6	6	12	12
<i>Pillows, hair</i>	do	12	24	36	48	60
<i>Pillowcases, cotton</i>	do	24	48	72	96	120
<i>Pill tile, 5 by 10 inches</i>	do	1	1	1	1	1
<i>Pins, common, assorted</i>	papers	4	6	8	10	12
<i>Pins, safety, 3 sizes</i>	dozen	9	12	24	24	30
<i>Pipettes, graduated, 5 c. c</i>	number	2	2	2	3	3
<i>Pitcher, delf, for office</i>	do	1	1	1	1	1
<i>Pitchers, delf, 4-quart</i>	do	2	2	2	4	4
<i>Pitchers, delf, 1-pint</i>	do	2	4	4	6	8
<i>Pitchers, white enamel</i>	do	2	2	2	3	3
<i>Pitchers, sirup, glass</i>	do	2	2	3	3	4
<i>Plaster, adhesive, z. o., 2½ inches wide, in 2½-yard roll</i>	rolls	8	10	12	16	20
<i>Plaster, isinglass, in 1-yard roll</i>	do	2	2	3	3	4
<i>Plaster of Paris, in 4-pound friction or screw-top tin</i>	tins	4	4	6	10	12
<i>Plates, dinner</i>	number	18	24	36	48	60
<i>Pot, watering</i>	do	1	1	1	1	1
<i>Potato masher</i>	do	1	1	1	1	1
<i>Pots, mustard, with wooden spoon</i>	do	1	1	2	2	2
<i>Pots, tea, agate or metal</i>	do	2	2	2	3	3
<i>Pouches, Hospital Corps, as required (par. 899)</i>	do					
<i>Pouches, orderly, as required (par. 900)</i>	do					
<i>Prescription file</i>	do	1	1	1	1	1
<i>Pus basins</i>	do	1	2	3	4	4
<i>Racks for urinals and bed pans, as required, one for each ward</i>	do					
<i>Razors</i>	do	1	1	1	2	2
<i>Razor strap</i>	do	1	1	1	2	2
<i>Refrigerators, large or small, as required</i>	do					
<i>Retort stand</i>	do	1	1	1	1	1
<i>Rods, glass, assorted, in 10-ounce packages</i>	packages	1	1	1	2	2
<i>Rolling-pin</i>	number	1	1	1	1	1
<i>Rubber sheeting, or linite</i>	yards	4	4	6	12	16
<i>Safe, iron</i>	number	1	1	1	1	1
<i>Salt cellars, glass</i>	do	8	8	10	10	12
<i>Saucers</i>	do	18	24	36	48	60
<i>Saw, butcher's</i>	do	1	1	1	1	1
<i>Scales and weights, apothecary's, metric system</i>	do	1	1	1	1	1
<i>Scales and weights, balance in glass case, metric system</i>	do	1	1	1	1	1
<i>Scales and weights, grocer's</i>	do	1	1	1	1	1

809

HOSPITAL SUPPLIES—Continued

FURNITURE, BEDDING, AND CLOTHING; MISCELLANEOUS FURNITURE
AND APPLIANCES FOR OPERATING ROOM; INSTRUMENTS, APPLIANCES,
AND DRESSINGS

Articles.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
<i>Scales and weights, platform</i>.....number.....	1	1	1	1	1	1
<i>Scissors, bandage</i>.....pairs.....	1	1	2	2	3	3
<i>Scoops</i>.....number.....	2	2	2	3	3	3
<i>Screens, bed, folding, frames for, wrought iron, white enamel</i>.....do.....	2	2	2	4	4	6
<i>Seetees, for porch or hall, as required</i>.....do.....						
<i>Shannon files, as required</i>.....do.....						
<i>Shaving brushes</i>.....do.....	1	1	1	2	2	2
<i>Shears</i>.....pairs.....	2	2	2	3	3	3
<i>Shears, plaster, fixed bandages</i>.....do.....	1	1	1	1	1	1
<i>Sheets, cotton</i>.....number.....	50	100	150	200	250	400
<i>Shirts, cotton</i>.....do.....	24	48	72	96	120	192
<i>Sickle</i>.....do.....	1	1	1	1	1	1
<i>Sieves, flour</i>.....do.....	1	1	1	2	2	2
<i>Silk, oiled, in 5-yard roll</i>.....rolls.....	1	2	3	4	5	6
<i>Skimmers</i>.....number.....	1	1	1	2	2	2
<i>Slippers</i>.....pairs.....	6	12	18	24	30	48
<i>Soap, common</i>.....pounds.....	30	50	74	100	124	150
<i>Soap, Ivory</i>.....do.....	12	24	30	36	42	48
<i>Soap, scouring</i>.....do.....	30	48	52	96	120	144
<i>Spatulas, 6-inch</i>.....number.....	1	1	2	2	2	2
<i>Spatulas, 3-inch</i>.....do.....	1	1	2	2	2	2
<i>Speculum, rectal</i>.....do.....	1	1	1	1	1	1
<i>Splints, felt for</i>.....pieces.....	4	6	8	8	10	10
<i>Splints, Hodgkin's</i>.....number.....	1	1	1	1	2	2
<i>Sponge holders</i>.....do.....	2	2	2	4	4	4
<i>Spools, Halstead's glass</i>.....do.....	12	12	12	12	12	12
<i>Spoons, basting, white enamel or tinned iron</i>.....do.....	2	2	2	2	3	3
<i>Spoons, table, silver-plated</i>.....do.....	18	24	36	48	56	72
<i>Spoons, tea, silver-plated</i>.....do.....	18	24	36	48	56	72
<i>Sprinklers, iodoform, h. r.</i>.....do.....	1	1	1	2	2	2
<i>Stair treads and nosings, as required</i>.....do.....						
<i>Stamp, with outfit, for marking hospital clothing</i>.....do.....	1	1	1	1	1	1
<i>Steels</i>.....do.....	1	1	1	1	2	2
<i>Stenta-book, in 4-meter pieces</i>.....pieces.....	1	2	2	3	4	5
<i>Stethoscopes, double</i>.....number.....	1	2	4	4	4	4
<i>Sterilizers for dressings</i>.....do.....	1	1	1	1	1	2
<i>Stools, revolving, white enamel</i>.....do.....	1	1	1	2	2	2
<i>Stoves, Universal, alcohol, 2 burners, as required</i>.....do.....						
<i>Stove blacking</i>.....papers.....	6	10	10	20	20	25
<i>Suppository mold</i>.....number.....	1	1	1	1	1	1
<i>Surgical cushions, Kelly's</i>.....do.....	2	2	2	2	3	3
<i>Syringes, hypodermic (par. 823)</i>.....do.....	2	2	2	4	4	4
<i>Syringes, penis, glass, in case</i>.....do.....	30	50	75	100	125	150
<i>Syringes, rubber, bulb</i>.....do.....	1	2	2	3	3	4
<i>Syringes, rubber, fountain</i>.....do.....	2	2	4	4	6	6
<i>Tables for instruments</i>.....do.....	1	1	1	2	2	2
<i>Tablecloth, linen, as required</i>.....yards.....						
<i>Tables, bedside, iron, white enamel</i>.....number.....	6	12	18	24	30	48
<i>Tables, bedside, white enamel tops for, as required</i>.....do.....						
<i>Tables, dining, extension, as required</i>.....do.....						
<i>Tape, cotton</i>.....pieces.....	2	2	3	3	4	5
<i>Tape measures, linen, inch, graduated in $\frac{1}{4}$ inches, 5 feet</i>.....number.....	1	1	1	2	2	2
<i>Test tubes</i>.....do.....	12	12	18	18	24	24
<i>Test tubes, 1 by 12 inches</i>.....dozen.....	1	1	2	2	3	3
<i>Test tubes, stands for</i>.....number.....	1	1	1	2	2	2
<i>Thermo-cautery (Paquetin's) (par. 822)¹</i>.....do.....	1	1	1	1	1	1
<i>Thermometers</i>.....do.....	2	3	4	5	6	7
<i>Thermometers, clinical²</i>.....do.....	4	12	18	24	30	36
<i>Thread, cotton, assorted</i>.....spools.....	2	2	3	3	4	4
<i>Thread, linen, unbleached, 200 yards on spool</i>.....do.....	2	4	6	8	10	12
<i>Tongue depressors</i>.....number.....	2	2	2	3	3	4
<i>Tools, chest of (par. 834)</i>.....do.....	1	1	1	1	1	1
<i>Tourniquets and bandages, rubber</i>.....do.....	1	1	1	2	2	2
<i>Towels, bath</i>.....dozen.....	2	3	4	5	6	7
<i>Towels, dish</i>.....do.....	2	3	4	5	6	7
<i>Towels, hand</i>.....do.....	8	14	20	25	30	40

¹ Benzine of a specific gravity not greater than 0.724, in 1-liter bottles, will be issued as required for use with this cautery.

² Clinical thermometers may be issued from medical supply depots on request by information slip, approved by the chief surgeon of the department. Chief surgeons will see that there is no unnecessary expenditure and that the thermometers are not issued in unnecessary quantities.

809

HOSPITAL SUPPLIES—Continued

FURNITURE, BEDDING, AND CLOTHING; MISCELLANEOUS FURNITURE
AND APPLIANCES FOR OPERATING ROOM; INSTRUMENTS, APPLIANCES,
AND DRESSINGS

Articles.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
<i>Traps, mouse</i>.....number..	2	2	2	3	3	3
<i>Traps, rat</i>.....do.....	1	1	1	2	2	2
<i>Trays, butler's</i>.....do.....	1	1	2	3	4	5
<i>Trays, bed, with legs</i>.....do.....	3	6	12	16	16	24
<i>Trays for instruments, white enamel</i>.....do.....	2	2	2	3	3	3
<i>Trowel, garden</i>.....do.....	1	1	1	1	1	1
<i>Tubes, drainage, 3 sizes, 1 yard each</i>.....yards..	1	1	1	2	2	2
<i>Tubes, prophylactic, as required</i>.....number.....						
<i>Tubing glass, assorted</i>.....pounds.....	1	1	1	2	2	2
<i>Tubing, rubber, size as required</i>.....yards.....	2	2	3	3	4	4
<i>Tub, bath, portable, on wheels</i>.....number.....	1	1	1	1	1	1
<i>Tubs, foot</i>.....do.....	1	1	1	1	2	2
<i>Tubs, wash, as required</i>.....do.....						
<i>Tumblers, glass</i>.....do.....	24	36	36	50	60	84
<i>Twine, fine and coarse</i>.....pounds.....	2	2	4	4	6	6
<i>Twine boxes</i>.....number.....	1	1	1	2	2	2
<i>Urinals, glass, graduated</i>.....do.....	3	4	6	8	10	12
<i>Urinometers</i>.....do.....	1	1	1	2	2	2
<i>Vials, in sizes as required</i>.....do.....						
<i>Vials, 4 c. c.</i>.....dozen.....	2	3	4	5	6	7
<i>Vision test set (par. 818)</i>.....number.....	1	1	1	1	1	1
<i>Water coolers</i>.....do.....	2	2	2	3	3	3
<i>Window shades with fixtures, complete, as required</i>.....do.....						
<i>Wire, suture, silver, in yards</i>.....yards.....	1	1	1	2	2	2

810. Certain articles and materials used by the Medical Department are obtained from the Quartermaster's Department. The following list is appended to show the general character of these supplies:

Agricultural and stable implements.

Ambulances, wagons, draft animals, and other means of transportation.

Ambulance and wagon harness, paulins, whips, horse blankets, etc.

Axes, hatchets, helves, wood saws.

Bedsteads, bedding, box lockers, etc., for Hospital Corps.

Clothing, etc., for Hospital Corps and patients.

Cooking utensils.

Flags and guidons (see Army Regulations).

Forage, bedding, and medicines for animals.

Fuel.

Handcarts.

Horses, mounts for Hospital Corps.

Ladders.

Lamps, gas fixtures, etc.

Oil, illuminating.

Screens, wire gauze, for doors and windows.

Stoves, ranges, pipe and fixtures.

Tentage, tent pins, mauls, etc.

Wheelbarrows.

CONTENTS OF CASES, CHESTS, ETC.¹

811.

GENERAL OPERATING CASE

(In mahogany case, with leather pouch and strap)

<i>Bistoury, curved, probe-pointed</i>	number	1	<i>Ligature, horsehair, 100 strands in coil</i>	coil	1
<i>Bistoury, curved, sharp-pointed</i>	do.	1	<i>Ligature, silk, Nos. 4, 8, 12, card of each</i>	number	1
<i>Bistoury, straight, sharp-pointed</i>	do.	1	<i>Mallet, Forwood's</i>	do.	1
<i>Bougie, filiform</i>	do.	1	<i>Needle, aneurism</i>	do.	1
<i>Box, ligature, with 3 spools</i>	do.	1	<i>Needles, artery, blunt, right and left</i>	do.	2
<i>Buttons, Murphy's, 3 in set</i>	set	1	<i>Needle, open-eyed, Robinson's</i>	do.	1
<i>Catheter, silver, No. 18, French scale</i>	number	1	<i>Needle, helical</i>	do.	1
<i>Catheter staff, tunneled, Gouley's</i>	do.	1	<i>Needle holder, Truax's</i>	do.	1
<i>Chisel</i>	do.	1	<i>Needles, case for</i>	do.	1
<i>Clamps, intestinal, Murphy's</i>	do.	2	<i>Needles, curved, assorted</i>	do.	12
<i>Depressor, tongue, wire, folding</i>	do.	1	<i>Needles, straight, round</i>	do.	6
<i>Director, grooved, medium</i>	do.	1	<i>Needles, straight, triangular</i>	do.	6
<i>Drills, bone, in handle, set of 3</i>	set	1	<i>Pins, Wyeth's</i>	do.	2
<i>Earhook and spoon, Gross's</i>	number	1	<i>Probe, double, 3-inch, silver</i>	do.	1
<i>Elevator and raspatory</i>	do.	1	<i>Probe, aluminum</i>	do.	1
<i>Eye spud, Dix's</i>	do.	1	<i>Razor, metal handle</i>	do.	1
<i>Forceps, bone-cutting, flat blade, Liston's</i>	do.	1	<i>Retractors, double ends, nested</i>	do.	2
<i>Forceps, bullet, long, Senn's</i>	do.	1	<i>Rongeur, De Vibiss's, with extra blade</i>	do.	1
<i>Forceps, clamp, Keen's</i>	do.	1	<i>Saw, amputating, 2 blades, Little's</i>	do.	1
<i>Forceps, clamp, Kelly's</i>	do.	1	<i>Saw, melacarpal</i>	do.	1
<i>Forceps, clamp, straight, 5-inch</i>	do.	1	<i>Saw, wire, set of 5, with handles</i>	set	1
<i>Forceps, delicate, spring</i>	do.	1	<i>Scalpels, assorted</i>	number	1
<i>Forceps, dressing and bullet, Forwood's</i>	do.	1	<i>Scissors, angular</i>	do.	1
<i>Forceps, dressing, spring</i>	do.	1	<i>Scissors, curved on flat, Wyeth's</i>	do.	1
<i>Forceps, hæmostatic, curved</i>	do.	3	<i>Scissors, heavy, blunt</i>	do.	1
<i>Forceps, hæmostatic, Jones's 2-inch bite</i>	do.	1	<i>Scoop, Ferguson's, with elevator</i>	do.	1
<i>Forceps, hæmostatic, Pean's</i>	do.	3	<i>Silkworm gut</i>	coil	1
<i>Forceps, rongeur and bone-holding, Forwood's</i>	number	1	<i>Specula, ear, set of 3, silver-plated</i>	set	1
<i>Forceps, mouse tooth, with teeth</i>	do.	2	<i>Syringe, aspirating, with 3 points</i>	number	1
<i>Forceps, T-shaped, Pratt's</i>	do.	1	<i>Trepine, De Vibiss's</i>	do.	1
<i>Gag, mouth</i>	do.	1	<i>Trocar and canula, set of 4, silver, in metal box</i>	set	1
<i>Gouge</i>	do.	1	<i>Tube, tracheotomy, silver</i>	number	1
<i>Guide, filiform, Gouley's</i>	do.	1	<i>Wire, silver, Nos. 21 and 24</i>	yards	5
<i>Knife, amputating, large, 7-inch blade</i>	do.	1			
<i>Knife, cartilage</i>	do.	1			

812.

POCKET CASE

(In leather case with buckskin cover)

<i>Bistoury, curved, sharp-pointed</i>	number	1	<i>Forceps, hæmostatic, long</i>	number	1
<i>Bistoury, straight</i>	do.	1	<i>Ligature, silk, braided, sterilized, 3 sizes in package</i>	package	1
<i>Catheter, plated</i>	do.	1	<i>Needle, aneurism</i>	number	1
<i>Cautic holder and exploring needle combined</i>	number	1	<i>Needles, surgeon's, assorted</i>	do.	12
<i>Director, grooved, with myrtle leaf</i>	do.	1	<i>Probe, double, with silver tips</i>	do.	1
<i>Forceps, dissecting, mouse tooth</i>	do.	1	<i>Scalpels</i>	do.	2
<i>Forceps, hæmostatic, and needle</i>	do.	1	<i>Scissors, straight</i>	do.	1
<i>Forceps, hæmostatic, short</i>	do.	1			

813.

HÆMOSTATIC FORCEPS CASE

(In morocco case)

<i>Halstead's curved</i>	number	2	<i>Jones's straight</i>	number	6
<i>Halstead's mosquito</i>	do.	4			

814.

GENITO-URINARY CASE

(In mahogany case)

<i>Bistoury for meatus, Otis's</i>	number	1	<i>Gauge, steel, American and French</i>	number	1
<i>Bougies a bouie, Otis's, metal, nickel-plated, Nos. 8 to 40, inclusive, French scale</i>	number	33	<i>Guides, Otis's, whalebone</i>	do.	2
<i>Catheter, double current, silver</i>	do.	1	<i>Guides, whalebone, Gouley's</i>	do.	12
<i>Catheter and staff, grooved and tunneled, Gouley's, with stylet</i>	number	1	<i>Knife, beaked, Gouley's</i>	do.	1
<i>Catheter and staff, grooved and tunneled, Gouley's, with stylet</i>	number	1	<i>Sounds, Otis's, short-beaked, steel, nickel-plated, Nos. 20 to 40, inclusive, French scale</i>	number	21
<i>Catheter, syringe, prostatic</i>	do.	1	<i>Sounds, tunneled, Gouley's</i>	do.	3
<i>Dilator, Thompson's, modified by Gouley</i>	do.	1	<i>Tenaculum, Gouley's</i>	do.	1
<i>Director, silver, Gouley's</i>	do.	1	<i>Urethrotome, Maisonneuve's, No. 8, Otis's gauge, with 2 blades, 2 filiform bougies, and 1 extra tunneled tip for whalebone guide</i>	number	1
<i>Endoscopes, Otis's h. r. Nos. 22, 26, and 32, French scale</i>	number	3	<i>Urethrotome, dilating, Otis's, straight, 2 blades</i>	number	1
<i>Forceps, urethral, Thompson's</i>	do.	1			

¹ The cases of instruments and surgical apparatus authorized in the supply table are intended to supplement each other and thus avoid reduplication of articles, i. e., the general operating and hæmostatic forceps cases supplement the genito-urinary and gynecological cases, etc.

815.

CASE FOR EAR, NOSE, AND THROAT

(In mahogany case)

Applicators, ear.....	number..	2	Mirrors, laryngeal ($\frac{1}{2}$ inch and 1 inch in diameter).....	number..	2
Applicators, nasal.....	do.....	2	Mouth gag, Denhart's.....	do.....	1
Applicator, post-nasal, (Buck or Gleitzmann).....	number..	1	Probe, ear, Buck's (or Hartmann's).....	do.....	1
Catheter, eustachian, virgin silver.....	do.....	1	Probe, nasal, angular.....	do.....	1
Curettes, adenoid, Barnhill (Nos. 1, 3, and 4).....	do.....	3	Saws, nasal, Bosworth's (1 up, 1 down).....	do.....	2
Curette, blunt, medium, Buck's.....	do.....	1	Scissors, nasal, angular, Knight's.....	do.....	1
Forceps, ear, angular, Wilde's.....	do.....	1	Snare, nasal, Sajou-Jarvis's, with 2 cannulae.....	number..	1
Forceps, nasal, angular, Knight's.....	do.....	1	Specula, ear, Toynbee's, 3 in set.....	set.....	1
Forceps, nasal, Myle's punch.....	do.....	1	Speculum, nasal, Bosworth's medium.....	number..	1
Forceps, esophageal, spiral.....	do.....	1	Syringe, ear, with shield, metal, 2-oz., Pomeroy's.....	number..	1
Forceps, post-nasal, Brandegee's.....	do.....	1	Tongue depressor, folding.....	do.....	1
Forceps, tonsil-seizing, Robertson's.....	do.....	1	Tonsilotomes, Ruppert's (1 large, 1 small).....	do.....	2
Head-band, folding, twofold.....	do.....	1	Tonsil punch, Furlow's or Hartmann's.....	do.....	1
Knife, paracentesis, small, light, flexible shank.....	number..	1			
Mirror, head, $3\frac{1}{2}$ -inch, with $\frac{1}{2}$ -inch opening.....	number..	1			

816.

EYE CASE

(In mahogany case)

Curette, chalazion, Meyhoefer's, size 2.....	number..	1	Needle holder, Stevens's.....	number..	1
Cystotome, Graefe's.....	do.....	1	Needles, assorted, full curved.....	do.....	12
Dilator, lachrymal, Weber's graduated.....	do.....	1	Probes, lachrymal, Bowman's, 8 in set.....	set.....	1
Forceps, chalazion, Ayer's.....	do.....	1	Scalpel, small.....	number..	1
Forceps, cilia, plain.....	do.....	1	Scissors, enucleation, full curved.....	do.....	1
Forceps, fixation, Dudley's.....	do.....	1	Scissors, iris.....	do.....	1
Forceps, iris, angular.....	do.....	1	Scissors, tenotomy, Stevens's.....	do.....	1
Forceps, trachoma, Noyes's.....	do.....	2	Scoop, Graefe's hard rubber.....	do.....	1
Forceps, trachoma, Prince's.....	do.....	1	Spatula and probe, Knapp's, one handle.....	do.....	1
Keratome, angular, Jaeger's.....	do.....	1	Speculum, Noyes's.....	do.....	1
Knife, canaliculous, half-curved, Weber's.....	do.....	1	Spud, Dir's, on fixed handle.....	do.....	1
Knives, cataract, Graefe's, B. & C.....	do.....	2	Syringe, lachrymal, Anel's, all metal, with 3 tips.....	number..	1
Lid elevator, Desmarre's.....	do.....	1	Tenotomy hoop.....	do.....	1
Lid holder, hard rubber, Jaeger's.....	do.....	1	Test drum, with cannepin and Beudruche skin.....	number..	1
Needle, cataract, narrow.....	do.....	1			
Needle, knife, Knapp's.....	do.....	1			

817.

CASE OF TRIAL LENSES

(In mahogany case)

Lenses, spherical, convex.....	pairs.....	35	Both from 0.12 D to 20 D, divided as follows:		
Lenses, spherical, concave.....	do.....	35	By 0.12 D from 0.12 D to 1.25 D, inclusive (10).		
			By 0.25 D from 1.50 D to 4 D, inclusive (11).		
			By 0.50 D from 4.50 D to 6 D, inclusive (4).		
			By 1 D from 7 D to 12 D, inclusive (6).		
			By 2 D from 14 D to 20 D, inclusive (4).		
Lenses, cylindrical, convex.....	do.....	23	Both from 0.12 D to 6 D, axis marked by ground-glass border, divided as follows:		
Lenses, cylindrical, concave.....	do.....	23	By 0.12 D from 0.12 D to 1.25 D, inclusive (10).		
			By 0.25 D from 1.50 D to 3 D, inclusive (7).		
			By 0.50 D from 3.50 D to 6 D, inclusive (6).		
			The spherical and cylindrical lenses are marked in both English and Dioptric systems on the case, and in the Dioptric system on the lenses.		
Prisms.....	number..	21	Two, 1° ; two, 1° ; two, 1.50° ; two, 2° ; one each 3° , 4° , 5° , 6° , 7° , 8° , 9° , 10° , 12° , 14° , 16° , 18° , 20° .		
Disks.....	do.....	12	One plain metal; one metal with stenopæic aperture; one metal with stenopæic slit; one with Maddox rod; one with Maddox double prism; one with dark-blue cobalt glass; one red glass; one green glass; one blue glass; one smoked glass; one plain glass; one ground glass.		
Trial frame, graduated.....	do.....	1	Double cell.		
Trial frame, graduated.....	do.....	1	Triple cell, outer cell rotating, adjustable frame and hooks.		
Geneva lens measure.....	do.....	1			
Mirror, plane, retinoscopic.....	do.....	1			
Tape measure, small spring, 1-meter.....	do.....	1			
			3.5-cm.; full length handle.		

818.

VISION TEST SET

(In tin box)

Cards, folding, test, for testing visual acuity.....	number.....	2	With nine rows of Snellen test letters, from 10 to 200 feet, on each side of card.
Dial, triple line astigmatic.....	do.....	1	
Eye color card, blue.....	do.....	1	
Eye color card, brown.....	do.....	1	
Pamphlet of directions for using the vision test set.....	number.....	1	
Test type, Jaeger, folding.....	do.....	1	
Test wools, Holmgren, for testing color sense.....	set ¹	1	

¹ A set of test wools for the detection of color-blindness consists of three larger skeins of "test colors" (one pale green, one rose color, called purple, and one bright red), and 136 small skeins of "confusion colors," as follows: Of pure gray, four shades, two skeins of each; of the colors named below, eight shades, one skein of each, all wrapped in a piece of muslin 1 meter square:

Hair-brown.	Yellow.	Blue, No. 2.
Lion-brown.	Yellow-green.	Violet.
Olive-brown.	Olive-green.	Purple, No. 1 (Rose Victorial).
Wood-brown.	Green.	Purple, No. 2.
Pearl-gray.	Blue-green.	
Orange.	Blue, No. 1.	

819.

GYNECOLOGICAL CASE

(In canvas case)

Canvas case, as instrument holder.....	number.....	1	Probe, uterine, Sims's.....	number.....	1
Curette, double, McLauren's.....	do.....	1	Repositor, uterine, Elliott's.....	do.....	1
Curette, Holbrook's douche, set of 3, with handle.....	set.....	1	Scissors, curved on flat, one point sharp, 8½ inches, Sims's.....	number.....	1
Depressor, double end, Sims's.....	number.....	1	Scissors, hawkbill, Skene's.....	do.....	1
Dilator, uterine, Wathen's.....	do.....	1	Scissors, straight, one point sharp, 8½ inches, Sims's.....	number.....	1
Douche, plain, Leonard's.....	do.....	1	Sound, uterine, Simpson's.....	do.....	1
Forceps, compression, 7¼-inch, 1 straight and 1 curved, Pean's.....	number.....	2	Specula, Sims's, medium and large.....	do.....	2
Forceps, dressing, Bozeman's.....	do.....	1	Speculum, urethral and cervical, Brunage's.....	do.....	1
Forceps, tenaculum, Skene's.....	do.....	1	Speculum, vaginal, trivalve, Nott's.....	do.....	1
Forceps, tissue, right angle.....	do.....	1	Sponge holder, forceps, Kelly's.....	do.....	1
Forceps, traction, small, Collins's.....	do.....	1	Sponge holder, Sims's.....	do.....	1
Needles, 3 with handle, Peaslee's.....	set.....	1	Tenaculum, Dudley's.....	do.....	1
Packer, gauze, Cook's.....	number.....	1			

820.

OBSTETRICAL BAG

(In leather satchel)

Chloroform, metallic case bottle.....	bottle.....	1	Ligature, silk.....	gram.....	4
Cranioclast.....	number.....	1	Needle holder.....	number.....	1
Ergot, fluid extract of.....	bottle.....	1	Needles, surgical, assorted.....	do.....	12
Forceps, obstetrical, Elliott's.....	number.....	1	Pelvimeter.....	do.....	1
Forceps, obstetrical, Tarnier's, axis traction, Lusk's modification.....	number.....	1	Perforator, Smellie's.....	do.....	1
Forceps, placental, Bozeman's.....	do.....	1	Petrolatum, sterilized.....	bottle.....	1
Hook, blunt, Braun's.....	do.....	1	Scissors, curved on flat, one point sharp, 8½ inches, Sims's.....	number.....	1
Ligature, catgut.....	gram.....	4	Tablets, antiseptic.....	bottle.....	1

821.

ASPIRATING CASE

(In leather-covered or metal case)

Needles, aspirating.....	number.....	3	Tube, metallic, with extra wires.....	number.....	1
Obturator, blunt, for canula.....	do.....	1	Tubing attachments.....	do.....	4
Pump.....	do.....	1	Tubing, rubber.....	pieces.....	3
Tube, double current, metal, with rubber stopper.....	number.....	1	Trocar and canula with stopcock.....	number.....	1

822.

IMPROVED THERMO-CAUTERY, PAQUELIN'S

(In leather-covered case).

<i>Apparatus, double bulb, for supplying air</i>	number..	1	<i>Reservoir for hydrocarbon, nickel-plated</i>	number..	1
<i>Cautery button</i>	do.....	1	<i>Tube, lengthening</i>	do.....	1
<i>Cautery knife</i>	do.....	1	<i>Tube, rubber</i>	do.....	1
<i>Handle, canulated, ebony</i>	do.....	1			

823.

HYPODERMIC SYRINGE

This syringe, as now issued, has as accessories, besides two needles and extra wires (the needles and wires are expendable), one tube of each of the following hypodermic tablets:

<i>Apomorphinæ hydrochloridum</i>	mgms..	6	<i>Glycerylis nitras</i>	mgm..	0.65
<i>Atropinæ sulphas</i>	mgm..	0.65	<i>Morphinæ sulphas</i>	mgms..	8
<i>Cocainæ hydrochloridum</i>	mgms..	10	<i>Strychninæ sulphas</i>	mgm..	1

824.

EMERGENCY CASE

(In solid leather case, with detachable sling strap)

Tablets in $\frac{1}{4}$ ounce h. r. bottles:			Hypodermic tablets in tubes (one of each):		
<i>Acetphenetidinum</i> (Phenacetin).....	mgms..	324	<i>Apomorphinæ hydrochloridum</i> ²	mgms..	6
<i>Aloini compositæ</i> ¹	do.....		<i>Atropinæ sulphas</i> ²	mgm..	0.65
<i>Antiseptic</i> ¹	do.....		<i>Cocainæ hydrochloridum</i> ²	mgms..	10
<i>Aspirin</i>	mgms..	324	<i>Digitalinum</i>	mgm..	1
<i>Bismuthi subnitras</i>	do.....	324	<i>Glycerylis nitras</i> ²	do.....	0.65
<i>Caffeina citrata</i>	do.....	65	<i>Morphinæ sulphas</i> ²	mgms..	8
<i>Camphora et opium</i> ¹	do.....		<i>Quininæ hydrochlorosulphas</i> ²	do.....	32
<i>Cathartica composita</i>	do.....		<i>Strychninæ sulphas</i> ²	mgm..	1
<i>Digitalis tinctura</i>	c. c.	0.300	Instruments:		
<i>Glycyrrhizæ, comp. mist.</i> (Brown mixture).....	mgms..	324	<i>Bistouries, curved and straight, of each</i>	number..	1
<i>Heroini hydrochloridum</i>	mgms..	5.5	<i>Case, linen, for instruments</i>	do.....	1
<i>Hydrargyri chl. mite</i>	do.....	32	<i>Forceps, dissecting</i>	do.....	1
<i>Ipecacuanha et opium</i>	do.....	324	<i>Forceps, hæmostatic</i>	do.....	1
<i>Morphinæ sulphas</i>	do.....	8	<i>Ligature, silk, sterilized, 3 sizes in package</i>	packages..	2
<i>Potassii bromidum</i>	do.....	324	<i>Ligature, silver wire, sterilized, in package</i>	package..	1
<i>Quininæ sulphas</i>	do.....	200	<i>Needles, surgical, assorted</i>	number..	6
<i>Sodii bicarbonas</i>	do.....	324	<i>Plaster, isinglass, in roll, 5 inches wide and $\frac{1}{2}$ yard long</i>	roll.....	1
<i>Sodii bicarb. et mentha piri</i> ¹	do.....		<i>Scalpel</i>	do.....	1
<i>Sodii salicylas</i>	mgms..	324	<i>Scissors, straight</i>	do.....	1
<i>Sulphonmethanum</i> (Sulphonanil).....	mgms..	324	<i>Syringe, hypodermic</i>	do.....	1
			<i>Thermometer, clinical</i>	do.....	1

¹ For formula see par. 806.² In the hypodermic syringe case.

825.

POST-MORTEM CASE

(In mahogany box)

<i>Blowpipe</i>	number..	1	<i>Knife, amputating, small</i>	number..	1
<i>Chain and hooks</i>	do.....	1	<i>Knife, cartilage</i>	do.....	1
<i>Chisel</i>	do.....	1	<i>Needles and thread</i>	do.....	2
<i>Costotome chisel</i>	do.....	1	<i>Saw</i>	do.....	1
<i>Enterotome</i>	do.....	1	<i>Scalpels, assorted</i>	do.....	3
<i>Forceps, dissecting</i>	do.....	1	<i>Scissors, straight</i>	do.....	1
<i>Hammer, steel</i>	do.....	1	<i>Tenaculum</i>	do.....	1
<i>Knife, amputating, large</i>	do.....	1			

826.

MICROSCOPE, POST

The same as enumerated in paragraph 897. Field microscopes issued to posts will be supplemented by the mechanical stage.

827.

MICROSCOPICAL ACCESSORIES

Articles.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Agar-agar, $\frac{1}{2}$ -pound package.....	1	1	1	2	2	2
Alcohol, absolute, $\frac{1}{2}$ -pound glass stopper bottle.....	2	2	2	4	4	4
Aniline oil, 2-ounce bottle.....	1	1	1	2	2	2
Balsam bottle.....	1	1	1	1	1	1
Bismarck brown, $\frac{1}{2}$ -ounce bottle.....	1	1	1	1	1	1
Canada balsam, 1-ounce bottle.....	1	1	1	2	2	2
Covers, glass.....	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$	1	1	1
Dropping bottle, for oil of cedar.....	1	1	1	1	1	1
Filtering paper, Swedish, Munktel's, No. 1.....	1	1	1	1	1	1
Forceps, cover-glass, Howell's.....	2	2	2	2	2	2
Forceps, small, straight, medium fine.....	1	1	1	1	1	1
Fuchsin, $\frac{1}{2}$ -ounce bottle.....	1	1	1	1	1	1
Fuchsin, acid.....	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$	1	1	1
Funnel, glass, 25 c. c.....	1	1	1	1	1	1
Funnel, glass, 500 c. c.....	1	1	1	1	1	1
Gelatin, in 2-ounce package.....	5	5	5	10	10	10
Gentian violet, $\frac{1}{2}$ -ounce bottle.....	1	1	1	1	1	1
Methylene blue, $\frac{1}{2}$ -ounce bottle.....	1	1	1	1	1	1
Oil, immersion, $\frac{1}{2}$ -ounce bottle.....	1	1	1	1	1	1
Peptone, $\frac{1}{2}$ -pound, wide mouth bottle.....	2	2	2	2	2	2
Rods, glass, 5 mms. thick, 15, 20, and 30 cms. long, asorted.....	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{3}{4}$	$\frac{3}{4}$	1	1
Section lifter, small.....	1	1	1	1	1	1
Slides, glass, 25 by 75 mms.....	4	4	4	8	10	12
Stopcocks, Mohr's, for rubber tubing.....	2	2	2	2	2	2
Test tubes, 6 by $\frac{1}{2}$ inch.....	2	2	2	2	2	2
Wright's stain.....	1	1	1	1	1	1
Xylenum, in $\frac{1}{2}$ -pound bottle.....	1	1	1	2	2	2

(a) The following are supplied only on special requisition:

Microtome, laboratory, B and L.....	1	Oilier for microtome.....	1
Knife for microtome.....	1	Hæmatoxylin, Merck's.....	$\frac{1}{2}$
Belgian hone, 8 by $1\frac{1}{2}$ inches.....	1	Eosin.....	$\frac{1}{2}$
Razor strop, Badger, Emerson's electric, 14 inches long.....	1	Celloidin, Schering's.....	do.
		Staining dishes, with covers.....	6

828.

BACTERIOLOGICAL SET

(One set is supplied to each post)

Baskets, wire, for sterilizer.....	4	Paper, filtering, Swedish.....	2
Bath, water, copper, for test tubes.....	1	Paper, litmus, blue and red, best quality, of each.....	2
Bath, water, tripod.....	1	Pipettes, 1 c. c.....	2
Dishes, double, Petri's.....	12	Pipettes, 5 c. c.....	2
Forceps, cover-glass, Stewart's pattern.....	2	Platinum wire, heavy, 10-cm.....	3
Forceps, straight, small, medium, fine.....	1	Platinum wire, medium, 10-cm.....	6
Flasks, Erlenmeyer's, 250 c. c.....	6	Sterilizer, hot-air, 10 by 12 by 10 inches.....	1
Flasks, Erlenmeyer's, 500 c. c.....	2	Stopcock, Mohr's, for rubber tubing.....	1
Flasks, Erlenmeyer's, 1,000 c. c.....	2	Test measure, footed, 10 c. c.....	1
Funnels, glass, 25 c. c.....	4	Test tubes, thin glass, 15 cm. by 18 mm. bore.....	300
Funnels, glass, 500 c. c.....	2	Thermometer, 0-100° C.....	1
Funnels, glass, 1,000 c. c.....	2	Thermometer, 0-200° C.....	1
Incubator, 10 by 16 by 10 inches, heated by alcohol or petroleum ¹	number.		

¹ At stations where there is gas, a suitable incubator may be obtained upon application.

829.

CHEMICAL SET

Subject to the approval of the Surgeon-General, chemical reagents and appliances will be issued to medical officers upon special requisition.

830.

POST DENTAL CASE

(In leather-covered case)

<i>Burnishers, Nos. 3, 20, 36</i>	number..	3	<i>Forceps, college</i>	number	1
<i>Chisels, Nos. 5 and 6</i>	do.....	2	<i>Gutta-percha stopping</i>	ounce	1
<i>Drill, flat, spear-pointed, No. 102</i>	do.....	1	<i>Handles for instruments</i>	number	6
<i>Engine bit holder, revolving head</i>	do.....	1	<i>Hone</i>	do.....	1
<i>Explorer, No. 5</i>	do.....	1	<i>Mirror</i>	do.....	1
<i>Excavators, Nos. 10, 14, 16, 21, 41, 82, 86, 141, 143, 145</i>	number..	10	<i>Paper, bibulous</i>	sheets	6
<i>Files, 2 each of Nos. 00, 0, 1</i>	do.....	6	<i>Scaler, No. 5</i>	number	1
			<i>Spatula, No. 1</i>	do.....	1

831.

TOOTH-EXTRACTING CASE

(In leather-covered case, with lock and double handle)

<i>Elevators, Nos. 6 and 7</i>	number..	2	<i>Forceps, upper bicuspid and canine, No. 11</i>	number	1
<i>Forceps, cowhorn, No. 23</i>	do.....	1	<i>Forceps, upper front root, No. 1</i>	do.....	1
<i>Forceps, lower bicuspid and canine, No. 21</i>	do.....	1	<i>Forceps, upper incisor and canine, No. 13</i>	do.....	1
<i>Forceps, lower incisor and bicuspid, No. 21</i>	do.....	1	<i>Forceps, upper molar, No. 18</i>	do.....	1
<i>Forceps, lower molar, No. 15</i>	do.....	1	<i>Forceps, upper wisdom, No. 10</i>	do.....	1
<i>Forceps, universal root, No. 7</i>	do.....	1	<i>Lancet, gum</i>	do.....	1

832.

RESTRAINT APPARATUS

(In wooden box, with handle and lock)

<i>Anklets</i>	pair..	1	<i>Strap, bed</i>	number	1
<i>Keys to lock buckles</i>	number..	5	<i>Strap, waist</i>	do.....	1
<i>Muff, leather</i>	do.....	1	<i>Wristlets</i>	pair..	1

833.

COMPRESSED-AIR APPARATUS

<i>Air container, with gauge</i>	number..	1	<i>DeVilbiss's sprays in set, viz:</i> ¹		
<i>Cut-off, metal</i>	do.....	1	<i>Atomizer, Fig. 54</i>	number	1
<i>Force pump</i>	do.....	1	<i>Atomizer, Fig. 80</i>	do.....	1
<i>Tubing, thick rubber, silk-covered, connecting container with cut-off</i>	yards..	2.4	<i>Atomizers, Fig. 52</i>	do.....	2
<i>Tubing, thick rubber, connecting container with force pump</i>	yards..	1.2	<i>Rack, four holes</i>	do.....	1

¹ For larger posts, recruit depots, and general hospitals a larger set may be furnished.

834.

TOOL CHEST

(In wooden chest, with handle and lock)

Awl, brad, and handle, 1 by $\frac{1}{16}$ inch wide.....	number.....	1	Nails, box of, steel wire, assorted, Solomon Gundy.....	number.....	1
Awl, brad, and handle, $1\frac{1}{2}$ by $\frac{1}{8}$ inch wide.....	do.....	1	Nippers, plier and cutting, combined, 6-inch.....	number.....	1
Awl, brad, and handle, 2 by $\frac{3}{16}$ inch wide.....	do.....	1	Oiler, zinc, No. 2.....	do.....	1
Awl, scratch, cast-steel, 8-inch.....	do.....	1	Oilstone, Washita, $1\frac{1}{2}$ pounds.....	do.....	1
Bit, gimlet, double cut, No. 1, cast-steel.....	do.....	1	Pincers, carpenter's, steel-jaw, 10-inch.....	do.....	1
Bit, gimlet, double cut, No. 2, cast-steel.....	do.....	1	Plane, fore, double iron.....	do.....	1
Bit, gimlet, double cut, No. 3, cast-steel.....	do.....	1	Plane, jack, double iron.....	do.....	1
Bit, screw-driver, extra cast-steel, polished.....	do.....	1	Plane, rabbet, double iron.....	do.....	1
Chalk-line, soft, with reel and awl, complete.....	number.....	1	Plane, smoothing, double iron.....	do.....	1
Chisel firmer, cast-steel socket, $\frac{3}{4}$ -inch.....	do.....	1	Plane, hollow, No. 10.....	do.....	1
Chisel firmer, cast-steel socket, 1-inch.....	do.....	1	Plane, rounding, No. 10.....	do.....	1
Chisel firmer, cast-steel socket, $1\frac{1}{2}$ -inch.....	do.....	1	Ratchet brace.....	do.....	1
Chisel, $\frac{3}{4}$ -inch.....	do.....	1	Ratchet, screw-driver, 5-inch.....	do.....	1
Chisel, cold.....	do.....	1	Rasp, wood, oval, with handle, 10 inches long.....	number.....	1
Countersink.....	do.....	1	Rule, boxwood, square joints, 8ths and 16ths, 1 inch wide, 2-foot.....	number.....	1
Divider, with set screw, solid cast-steel, 8-inch.....	do.....	1	Sliding T bevel.....	do.....	1
Drawing knife, carpenter's, oval blade, 10-inch.....	number.....	1	Saw-set.....	do.....	1
Extension bit.....	do.....	1	Saw, hand, 26-inch.....	do.....	1
File, handsaw, with handle, 3 inches long.....	do.....	1	Saw, keyhole.....	do.....	1
File, handsaw, with handle, 4 inches long.....	do.....	1	Saw, panel, 16-inch.....	do.....	1
File, handsaw, with handle, $4\frac{1}{2}$ inches long.....	do.....	1	Saw, rip.....	do.....	1
File, bastard, flat, with handle, 10 inches long.....	do.....	1	Screw-driver, solid cast-steel, 3-inch.....	do.....	1
File, rat tail.....	do.....	1	Screw, hand, 8-inch.....	do.....	1
Gauge, marking, beechwood, with set screw.....	do.....	1	Screw wrench, wrought bar, 10-inch.....	do.....	1
Gimlet, double cut, wooden handle, No. 1.....	do.....	1	Spirit level, pocket, iron top plate, japanned.....	do.....	1
Gimlet, double cut, wooden handle, No. 2.....	do.....	1	Spokeshave, wood, 3-inch.....	do.....	1
Gimlet, double cut, wooden handle, No. 3.....	do.....	1	Tape measure, linen, inches and centimeters, 50 feet.....	do.....	1
Hammer, nail, adz-eye, cast-steel.....	do.....	1	Try-square, rosewood, graduated steel blade, 9-inch.....	number.....	1
Hatchet, shingling.....	do.....	1	Vise, bench and iron.....	do.....	1
Mallet, carpenter's, mortised handle, 5 inches long.....	number.....	1			
Nail puller, large.....	do.....	1			
Nail set, square, polished, solid cast-iron, 4-inch.....	number.....	1			

ARTICLE XIII.—DENTAL SUPPLY TABLE

835. The following articles comprise the usual dental equipment for dentists in the Army, including both portable and base outfits.

(a) The portable outfit is in greater part contained in the dental chests, viz., instrument chests Nos. 1 and 2, supply chest, dental engine chest, dental chair chest, and dental field desk, thus facilitating transportation between itinerary stations. Dental chests are issued empty on proper requisition.

(b) The base outfit consists of a complete portable outfit, except furniture, plus a laboratory equipment and dental office furniture. Base outfits are supplied at general hospitals, and other important stations designated by the Surgeon-General, where they permanently remain.

(c) The numbers in the body of these tables immediately following the names of the articles indicate their size or pattern, taken from the catalogues of the leading dental manufacturers of the country.

(d) The supply of expendable articles in this table is estimated for six months.

PORTABLE OUTFIT

836.

MEDICINES

Acidum boricum, 324-mgm. tablets, 500 in bottle.....	bottle..	1
Acidum sulphuricum, in-glass stopper bottle.....	do.....	1
Acidum tannicum, 50 grams, in wide mouth bottle.....	do.....	1
Acidum trichloroaceticum, in glass stopper bottle.....	do.....	2
Adrenalin chloride, $\frac{1}{100}$ -gram tablets, 25 tablets in dark amber-colored tube.....	tubes.....	2
Aethylis chloridum, in 3-ounce metal tube.....	do.....	1
Alcohol, in 1-quart bottle.....	bottles.....	6
Aqua hydrogenii dioxiidi, in 1-pound bottle.....	do.....	4
Argenti nitras, crystals, 1 ounce in bottle.....	do.....	1
Camphorated phenol, in 4-ounce bottle.....	do.....	2
Capsici emplastrum, 12 dozen in box.....	box.....	1
Chloroformum, $\frac{1}{2}$ pound, in tin.....	tins.....	3
Cocainæ hydrochloridum, 10-mgm. hypodermic tablets.....	tubes.....	10
Cocainæ hydrochloridum crystals, $\frac{1}{2}$ ounce in wide mouth bottle.....	bottles.....	2
Collodium, 1 ounce in bottle.....	do.....	3
Creosotum, 1 ounce in glass stopper bottle.....	do.....	2
Cresol 1 pound in amber-colored bottle.....	do.....	1
Eugenol, in 1-ounce bottle.....	do.....	2
Iodi tinctura, in 4-ounce glass stopper bottle.....	do.....	2
Liquor formaldehydi, in 1-quart dark amber-colored bottle.....	do.....	2
Methylis salicylas (oil of wintergreen, synthetic), 1 ounce in glass stopper bottle.....	do.....	2
Mercury, redistilled, 4 ounces in bottle.....	do.....	4
Morphine sulphas, 8-mgm. hypodermic tablets.....	tubes.....	10
Oleum caryophylli, 1 ounce in glass stopper bottle.....	bottles.....	3
Oleum cajuputi, $\frac{1}{2}$ ounce in glass stopper bottle.....	do.....	2
Orthoform, in 1-ounce bottle.....	do.....	3
Papain, in 1-ounce bottle.....	do.....	1
Phenol, crystallized, in $\frac{1}{2}$ -pound bottle.....	do.....	2
Sodii carbonas, 2-gram tablets, 200 in tin.....	tins.....	6
Sodii dioxiidi, in 2-ounce screw-top tin.....	do.....	2
Sodium and potassium, in sealed tube.....	tubes.....	9
Spiritus ammoniæ aromaticus, in $\frac{1}{2}$ -pound glass stopper bottle.....	bottles.....	2
Tinctura aconiti, in 1-ounce bottle.....	do.....	3
Zinci chloridum, crystals, in 3-ounce glass stopper bottle.....	do.....	1

837.

INSTRUMENTS AND APPLIANCES

<i>Amalgam, plagger, double end, No. 7</i>	number	1
<i>Blower, chip, No. 22</i>	do.	1
<i>Blower, chip, No. 22, extra bulbs for</i>	do.	3
<i>Bottles, office preparation, No. 6</i>	do.	4
<i>Broaches, nerve (S. S. W.), 12 in package</i>	packages	3
<i>Broaches, spiral (Downie)</i>	number	36
<i>Brush, wheel, wire, engine, No. 2</i>	do.	6
<i>Brush, wheel, wire, engine, No. 2, chuck for</i>	do.	1
<i>Burnishers, c. s. points, Nos. 3, 29, 32, 36, 41, of each</i>	do.	1
<i>Blow pipe, mouth</i>	do.	1
<i>Case, office, preparation, eight 1-ounce glass stopper bottles, oak, with lock and key</i>	do.	1
<i>Case, office, preparation, extra 1-ounce glass stopper bottles for</i>	do.	6
<i>Chisels, c. s. points, Nos. 14, 33, 34, 35, 36, 43, 44, 56, 57, 60, 61, 65, of each</i>	do.	2
<i>Clamps, rubber-dam (Ivory's), Nos. 9, 19, 20, 21, 22a, 23a, 56 and "Bi-nap," of each</i>	do.	1
<i>Cleaners, root-canal (Donaldson's), No. 5, all fine, six in package</i>	packages	12
<i>Corkscrew, folding, No. 1</i>	number	1
<i>Dentimeter (Kirk's)</i>	do.	1
<i>Disks, diamond, Ash's grooved, 2-inch and 1 1/2-inch diameter, of each</i>	do.	1
<i>Droppers, medicine, straight</i>	do.	6
<i>Elevators, metal handle, Nos. 1, 6, 7, 16, of each</i>	do.	1
<i>Engine, dental (S. S. W.), with No. 2 slip-joint attachment</i>	do.	1
<i>Engine, dental, cable "A" for, complete, with sheath, as required</i>	do.	1
<i>Engine, dental, duplex springs for</i>	do.	6
<i>Engine, dental, duplex spring, sheath for, part 6x, as required</i>	do.	1
<i>Engine, dental, extra cords for</i>	do.	6
<i>Engine, dental, extra equipment set for</i>	set	1
<i>Engine, dental, hand piece for, No. 2, right angle, for slip-joint No. 2</i>	number	1
<i>Engine, dental, hand piece for, No. 7, straight, for slip-joint No. 2</i>	do.	1
<i>Engine, dental, hand piece, No. 7, chucks for, part 2, as required</i>	do.	1
<i>Engine, dental, hand piece for, "M", contra angle, for slip-joint No. 2</i>	do.	1
<i>Engine, dental, lubricating oil for, in 1-ounce bottle</i>	bottles	6
<i>Engine, dental, slip-joint connections for, parts C2, F2, as required</i>	number	1
<i>Engine instruments for hand piece No. 2, right angle, and "M", contra angle:</i>		
<i>Burs, bud, Nos. 44, 46, 48, 49, 50, of each</i>	do.	3
<i>Burs, dentate, Nos. 557, 558, 559, 560, 568, of each</i>	do.	4
<i>Burs, fissure, Nos. 55, 57, 59, 68, 70, of each</i>	do.	3
<i>Burs, inverted cone, Nos. 33, 34, 35, 36, 37, 38, 40, of each</i>	do.	3
<i>Burs, oval, Nos. 88, 89, 90, 91, 92, 95, of each</i>	do.	3
<i>Burs, round, Nos. 1, 2, 4, 5, 6, 8, of each</i>	do.	3
<i>Burs, wheel, Nos. 11, 12, 13, 14, 15, 17, of each</i>	do.	4
<i>Drills, Nos. 100, 104, 108, 111, of each</i>	do.	4
<i>Drills (Gates-Glidden), Nos. 174, 175, 176, 177, of each</i>	do.	6
<i>Mandrels, Nos. 301, 302, 303, of each</i>	do.	3
<i>Mandrels (Morgan-Marfield)</i>	do.	4
<i>Engine instruments for hand piece No. 7:</i>		
<i>Burnishers, smooth, Nos. B, D, G, K, of each</i>	do.	1
<i>Burs, bone (Allport's), Nos. A, B, C, of each</i>	do.	1
<i>Burs, bud, Nos. 46, 47, 48, 49, 60, of each</i>	do.	3
<i>Burs, dentate, Nos. 557, 558, 559, 560, 561, 562, 570, 573, of each</i>	do.	4
<i>Burs, diamond, Nos. 2, 7, 11, 15, of each</i>	do.	1
<i>Burs, fissure, Nos. 55, 58, 60, of each</i>	do.	3
<i>Burs, inverted cone, Nos. 33, 34, 36, 37, 39, 40, 43, of each</i>	do.	3
<i>Burs, oval, Nos. 88, 90, 92, 94, 95, of each</i>	do.	3
<i>Burs, plug-finishing, Nos. 200, 219, 225, 232, of each</i>	do.	2
<i>Burs, round, Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, of each</i>	do.	3
<i>Burs, wheel, Nos. 11, 12, 13, 15, 16, 17, of each</i>	do.	3
<i>Drills, Nos. 100, 104, 108, 111, of each</i>	do.	6
<i>Drills (Gates-Glidden), Nos. 174, 175, 176, 177, of each</i>	do.	6
<i>Drills, twist, No. 151</i>	do.	4
<i>Mandrels, Nos. 301, 301, 302, 303, of each</i>	do.	3
<i>Mandrels (Morgan-Marfield)</i>	do.	6
<i>Points, Arkansas stone, mounted, Nos. 1, 2, 3, 4, 5, 7, 8, 10, of each</i>	do.	2
<i>Points, carborundum, medium, grit, mounted, Nos. 1, 2, 4, 7, 9, 11, 15, 17, 18, 19, 20, of each</i>	do.	2
<i>Points, Gem, mounted, Nos. 1, 2, 4, 5, 7, 11, of each</i>	do.	2
<i>Reamers, root (Peeo's), Nos. 1 and 2, of each</i>	do.	3
<i>Root-facers, Safe Side, Nos. 7 and 9, of each</i>	do.	2
<i>Saws, crown, circular, No. 255</i>	do.	2
<i>Trephines, Nos. 252 and 253, of each</i>	do.	1
<i>Tubular knives, Nos. 2 and 3, of each</i>	do.	1
<i>Excavators, c. s. points, Nos. 3, 5, 7, 11, 13, 15, 19, 21, 24, 26, 29, 30, 36, 46, 47, 53, 55, 57, 63, 64, 68, 69, 71, 73, 99, 105, 106, 107, 108, 111, 112, 137, 138, 141, 142, of each</i>	number	2
<i>Excavators, c. s. points (Battle-ax), Nos. 7, 11, 12, 17, 20, 21, of each</i>	do.	2
<i>Explorers, c. s. points, Nos. 5, 7, 11, 12, 13, 14, of each</i>	do.	2
<i>Files, separating, flexo, assorted</i>	do.	24
<i>Forceps, crown-slitting, No. 2 (S. S. W.)</i>	do.	1
<i>Forceps, rubber-dam, clamp (Brewer's)</i>	do.	1
<i>Forceps, rubber-dam, punch, Perfected</i>	do.	1
<i>Forceps, tooth-extracting, Nos. 1L, 6, 10H, 11, 14, 15, 16, 18R, 18L, 27, 32, 34, 52, 55, 67, 103, of each</i>	do.	1
<i>Forceps, wedge cutting, No. 3</i>	do.	1
<i>Handles, cone socket, No. 2</i>	do.	48
<i>Handles, cone socket, No. 3</i>	do.	30
<i>Handles, cone socket, No. 6</i>	do.	30
<i>Heater, gutta-percha (How's)</i>	do.	1
<i>Holder, for mercury, ebony</i>	do.	1
<i>Holders, nerve broach, No. 2</i>	do.	3
<i>Holder, rubber-dam, Duplex "A" (Kerr's)</i>	do.	1

837.

INSTRUMENTS AND APPLIANCES—Continued

<i>Hone, oil, Arkansas stone, in wooden box</i>	number	1
<i>Lamp, alcohol, Capital, No. 21</i>	do.	1
<i>Lamp, alcohol, Capital, No. 21, extra wicks for</i>	do.	6
<i>Lancet, abscess, metal handle, No. 5</i>	do.	1
<i>Lancet, gum, metal handle, No. 2</i>	do.	1
<i>Matrices, contour (Crenshaw's), Nos. 5, 6, 7, in set</i>	set	1
<i>Matrix retainer (Ivory's), No. 1</i>	number	1
<i>Matrix retainer (Ivory's), extra bands for, bicuspid and molar</i>	sets	3
<i>Matrix strips, steel, 5 in box</i>	boxes	2
<i>Mechanical dam, Simplex (Galloway)</i>	number	1
<i>Mirrors, mouth, magnifying, No. 6B, with aluminum handle</i>	do.	2
<i>Mirror, mouth, magnifying, No. 6B, extra glasses for</i>	do.	3
<i>Mirrors, mouth, plain (Sharp's), medium "B"</i>	do.	2
<i>Mirror, mouth, plain (Sharp's), medium "B," extra glasses for</i>	do.	3
<i>Mirror, clamp (Ivory's)</i>	do.	1
<i>Mouth distender (S. S. W.)</i>	do.	1
<i>Mouth prop (Nevius)</i>	do.	1
<i>Mortar and pestle, glass, No. 3</i>	do.	1
<i>Mortar and pestle, Wedgewood, 6 cm</i>	do.	1
<i>Pans, sauce, agate, two-quart</i>	do.	2
<i>Pliers (Bronson, D. P. S. Co.)</i>	do.	1
<i>Pliers, conc socket, No. 102</i>	do.	1
<i>Pliers, dressing, No. 2 (S. S. W.)</i>	do.	2
<i>Pliers, office, smooth beak, No. 122</i>	do.	1
<i>Pluggers, amalgam (Woodson's), Nos. 1, 2, 3, in set</i>	set	1
<i>Pluggers, plastic (Ladmore's), Nos. 1, 3, 4, 6, 7, of each</i>	number	1
<i>Points, tortoise shell, Ideal (Ascher's), mounted</i>	set	1
<i>Pots, medicine, glass, Dappen's (Ash & Sons), green and white, of each</i>	number	1
<i>Pluggers, root-canal (Donaldson's), Nos. 1, 3, 5, in set</i>	set	1
<i>Probes, flexible, steel, Nos. 1, 2, 3, in set</i>	do.	3
<i>Root-drier, Evans's</i>	number	1
<i>Saw, dental (Gordon White), complete</i>	do.	12
<i>Saw, dental (Gordon White), extra blades for</i>	do.	1
<i>Saw, dental (Kaeber), No. 2, complete</i>	do.	24
<i>Saw, dental (Kaeber), No. 2, extra blades for</i>	do.	3
<i>Saws, dental, ribbon, $\frac{3}{8}$-inch, thin</i>	do.	2
<i>Scalers, c. s. points (S. S. W.), Nos. 1, 3, 6, 11, 12, 25, 26, 30, 33, 34, 40, 41, of each</i>	do.	1
<i>Scalers, pyorrhea, as required</i>	do.	1
<i>Scissors, gum, curved on flat, No. 22</i>	do.	1
<i>Separator, adjustable (Ivory's)</i>	do.	1
<i>Shade bar (S. S. W.)</i>	do.	1
<i>Spatulas, Nos. 9, 11, of each</i>	do.	1
<i>Spatula, agate (Ash's)</i>	do.	1
<i>Spatula, bone (Ascher's), Nos. A, B, of each</i>	do.	1
<i>Spatula, German silver (Kerr's)</i>	do.	1
<i>Sterilizer (Downs's)</i>	do.	1
<i>Syringe, abscess, No. 33, with extra rubber and platinum points</i>	do.	1
<i>Syringe, capillary (Dunn's), No. 4, complete</i>	do.	4
<i>Syringe, capillary (Dunn's), No. 4, extra bulbs for</i>	do.	2
<i>Syringe, capillary (Dunn's), No. 4, extra glass barrels for</i>	do.	1
<i>Syringe, hot air, No. 34</i>	do.	1
<i>Syringe, hypodermic, dental, all metal (C. D. M. Co.)</i>	do.	1
<i>Syringe, hypodermic, dental, all metal (C. D. M. Co.), extra needles for, "A" and "B," of each</i>	number	3
<i>Syringe, water, No. 4</i>	do.	1
<i>Syringe, water, No. 4, extra pipes for, curved</i>	do.	2
<i>Syringe, water, No. 21a (Moffat)</i>	do.	1
<i>Syringe, water, No. 21a (Moffat), extra bulbs for</i>	do.	2
<i>Thermometers, clinical</i>	do.	1
<i>Tongue and cheek holder, glass</i>	do.	1
<i>Tool, universal, complete</i>	do.	1
<i>Weights, rubber-dam, Nos. 7, 8, of each</i>	do.	1

838.

FURNITURE

<i>Basins, hand, enamel ware</i>	number	3
<i>Bracket, tool, No. 1 (S. S. W.), with table, oak (plain), complete</i>	do.	1
<i>Chair, dental, portable, in chest (S. S. W.), with cuspidor bracket, No. 5</i>	do.	1
<i>Chair, dental, portable, in chest, crate for</i>	do.	1
<i>Chairs, folding</i>	do.	3
<i>Chest, for dental engine</i>	do.	1
<i>Chest, for dental engine, crate for</i>	do.	1
<i>Chests, instrument</i>	do.	2
<i>Chest, supply</i>	do.	1
<i>Cuspidor, nickel plated (S. S. W.), No. 6</i>	do.	1
<i>Desk, field</i>	do.	1
<i>Tables, bedside, folding</i>	do.	2

839.

MISCELLANEOUS

Alloy (True-Dent), shavings (S. S. W.), in 1-ounce bottle.....	bottles.....	9
Alloy, high standard, gold white (Garhart's), in 1-ounce bottle.....	do.....	9
Brushes, hand, scrub.....	number.....	6
Cement, oxyphosphate, C and B, special (Ames's), colors, gray, yellow dark-grayish-brown, of each.....	boxes.....	4
Cement, oxyphosphate, Petroid Improved, colors, pearl-gray, yellow, light-brown, of each do.....	do.....	4
Cement, silicate, artificial enamel (Ascher's), style (F), complete in case.....	case.....	1
Cement, silicate, artificial enamel (Ascher's), shade guide for, porcelain.....	number.....	1
Cement, zinc, oxychloride, 1-ounce bottle, in box.....	boxes.....	4
Chamois skins.....	number.....	4
Cotton, absorbent, compressed, in 1-ounce package.....	packages.....	16
Cotton, absorbent, pledgets, medium (J. & J.).....	boxes.....	3
Cotton, absorbent, rolls, 6-inch, assorted, 100 in box (J. & J.).....	do.....	3
Covers, paper, aseptic, 12x12, for bracket table, 100 in box (J. & J.).....	do.....	2
Crowns, porcelain, detached post, complete, centrals:		
Molds, Nos. 1, 2, 3, 4, 6, 7, 20, 21, 22, 24, 28, 31, 40. (S. S. W.).....		
Shades selected from: 29, 31, 32, 36, 38, 39, 40, 41, 42, 46, 47, 49.....	number.....	26
Crowns, porcelain, detached post, complete, laterals:		
Molds, Nos. 3, 4, 6, 20, 22, 31, 40. (S. S. W.).....		
Shades selected from: 29, 31, 32, 36, 38, 39, 40, 41, 42, 46, 47, 49.....	do.....	14
Crowns, porcelain, detached post, complete, cuspids:		
Molds, Nos. 4, 8, 20, 22, 23. (S. S. W.).....		
Shades selected from: 29, 31, 32, 36, 38, 39, 40, 41, 42, 46, 47, 49.....	do.....	10
Crowns, porcelain, detached post, extra posts for.....	do.....	20
Cups, polishing, soft rubber, large and small, of each.....	do.....	24
Cups, tin, two in nest.....	nests.....	2
Disks, bristle (Robinson's), Nos. 9, 11, and cup shape, of each.....	number.....	18
Disks, carborundum, Nos. 2, 3, 4, 6, 7, 9, of each.....	do.....	4
Disks, sandpaper, assorted sizes and grits, in disk tray of 1400.....	trays.....	2
Fiber, devitalizing, arsenical, in jar.....	jar.....	1
Finishing strips, celluloid, for artificial enamel (Ascher's).....	box.....	1
Floss, silk, waxed, round (Cutler's), in 20-yard spool.....	spools.....	24
Glasses, drinking, for combination bracket attachment.....	number.....	6
Gutta-percha stopping, Excelsior, sticks, in 1-ounce box.....	boxes.....	4
Gutta-percha stopping, Premium, sticks, in 1-ounce box.....	do.....	4
Gutta-percha stopping, temporary, pink, sticks, in 1-ounce box.....	do.....	2
Matches, safety.....	do.....	48
Modeling composition, Perfection (Detroit), in 1-pound box.....	do.....	3
Modeling composition (S. S. W.), in 1-pound box.....	do.....	3
Napkins, dental, aseptic (J. & J.), 50 in box.....	do.....	12
Paper, articulating, thick, in books.....	books.....	6
Paper, Japanese, bibulous, 400 sheets in box.....	boxes.....	2
Plaster of Paris, Impression (S. S. W.), in 4-pound friction or screw-top tin.....	tins.....	4
Points, paper, absorbent (J. & J.).....	boxes.....	3
Points, nerve-canal, gutta-percha, large and medium, of each.....	do.....	4
Points, rubber, Nos. 11, 12, of each.....	number.....	36
Pumice stone, powdered, in 1-pound friction or screw-top tin.....	tin.....	1
Rubber dam, plain, medium, 6 inches wide by 18 feet long, in sealed tins.....	tins.....	2
Shellac, sticks, 1 ounce in box.....	box.....	1
Soap, box for, metal.....	number.....	1
Soap, small, Ivory.....	cakes.....	12
Stove, oil, blue-flame, single burner.....	number.....	1
Strips, Perfection, polishing, assorted grits in box.....	boxes.....	6
Tubing, regulating, French rubber, assorted, 12-inch pieces.....	pieces.....	6
Towels, hand.....	number.....	60
Tumblers, glass.....	do.....	4
Varnish, sandarach, 2 ounces in bottle.....	bottles.....	4
Wheels, carborundum, square edge, Nos. 301 to 312, inclusive, of each.....	number.....	3
Wheels, compressed leather, for polishing, Nos. 1, 2, of each.....	do.....	12
Wood, orange, sticks, large, 25 in bundle.....	bundles.....	6

840.

CONTENTS OF DENTAL FIELD DESK

(a) BOOKS

Army Regulations.....	copy.....	1
Dental Materia Medica (Prinz).....	do.....	1
Dental Medicine (Gorgas).....	do.....	1
Dental Pathology, Therapeutics, and Pharmacology (Burchard).....	do.....	1
Textbook of Operative Dentistry (Johnson).....	do.....	1
Dentistry, Operative (Marshall).....	do.....	1
Handbook of the Hospital Corps (Mason).....	do.....	1
Injuries and Surgical Diseases, Face, Mouth, Jaws (Marshall).....	do.....	1
Manual for the Medical Department.....	do.....	1

(b) STATIONERY

Books, blank, 8vo., 150 pages.....	number.....	2
Elastic bands, assorted.....	gross.....	1
Envelopes, official, large.....	number.....	25
Envelopes, official, letter.....	do.....	100
Envelopes, official, note.....	do.....	50
Eraser, steel.....	do.....	1

840.

CONTENTS OF DENTAL FIELD DESK—Continued

(b) STATIONERY—Continued	
Ink, black, in 4-ounce bottle.....	bottle 1
Ink, carmine, in 1-ounce bottle.....	do. 1
Mucilage.....	do. 1
Pads, letter.....	number 4
Pads, prescription.....	do. 4
Paper fasteners.....	do. 50
Paper, writing, legal cap.....	quires 2
Paper, writing, letter.....	do. 4
Paper, writing, note.....	do. 2
Pencils, lead.....	number 12
Penholders.....	do. 2
Pens, steel.....	do. 24
Rubber.....	piece 1
Ruler.....	number 1
(c) BLANKS	
Register of dental patients, card, Form 79.....	number 500
Return of medical property, front, card, Form 17.....	do. 4
Return of medical property, original, slip, Form 17a.....	do. 800
Return of medical property, duplicate, slip, Form 17b.....	do. 800
Return of medical property, back, card, Form 17c.....	do. 4
Invoice of or receipt for dental supplies, Form 31.....	do. 24
Requisition for dental supplies, special, Form 35.....	do. 24
Requisition for dental supplies, annual, Form 36.....	do. 12
Dental engagement slip, 50 in pad, Form 65.....	pads 5
Information slips, Form 68.....	book 1
Examination blank, 50 in pad (No. 2).....	pads 6
Correspondence book.....	number 1

BASE OUTFIT

841.

OFFICE FURNITURE AND EQUIPMENT

Bench, combination, No. 15 (A. C. Co.), without bellows.....	number 1
Bracket, attachment combination, complete (L. S. S. & S. Co.).....	do. 1
Bracket, attachment combination, Allan oak table for (L. S. S. & S. Co.).....	do. 1
Bookcase, Globe, oak, sectional, base, top and units, as required.....	do. 6
Chairs, arm.....	do. 1
Chair, The Favorite Columbia Dental Chair, No. 1 (Ritter Dent. Mfg. Co.), plain, cane upholstery.....	number 1
Chair, office, revolving.....	do. 2
Chairs, rocking.....	do. 2
Clock, for office.....	do. 1
Cuspidor, No. 6, nickel-plated.....	do. 1
Desk, office, flat-top, oak.....	do. 1
Stool, revolving, white enamel.....	do. 1
Table, bedside, white enamel.....	do. 1
Tray, aseptic, enameled steel, 12 $\frac{3}{4}$ by 12 $\frac{3}{4}$ inches (Booth's).....	do. 1
Tray, aseptic (Booth's), adapters for.....	do. 1

842.

LABORATORY

Articulators, Nos. 8 and 9, of each.....	number 1
Bowls, plaster, B.....	do. 2
Bridge repair set (Bryant).....	set 1
Bridge repair set (Bryant), extra nuts for.....	number 10
Burners, Bunsen, dental, No. 12, S. S. W., with spider.....	do. 2
Chisels, right, left, and square, for vulcanite, Nos. 13, 14, 15, in set.....	set 1
Cones, felt, large, blunt and pointed, of each.....	number 1
Cones, felt, small, blunt and pointed, of each.....	do. 1
Cord, lathe, $\frac{1}{2}$ -inch, round.....	feet 18
Cord, lathe, $\frac{1}{2}$ -inch, round, couplings for.....	set 1
Draw plate, for wire, 20 holes.....	do. 1
File, vulcanite, 5-inch, round.....	do. 1
File, vulcanite, 7-inch, half-round, double end.....	do. 1
File, vulcanite, 8-inch, oval, double end.....	do. 1
Files, vulcanite, circular, steel, medium and small (S. S. W.) of each.....	do. 1
Flasks, brass, star.....	do. 3
Flasks, brass, star, bolts for, set of three.....	sets 6
Flask press and holder, No. 3 (S. S. W.).....	number 1
Forceps, mechanical, clasp-bending, No. 8 (McKellop's).....	do. 1
Hammer, B, riveting.....	do. 1
Knife, plaster, No. 6.....	do. 1
Knife, wax, No. 4 (Fahnestock's).....	do. 1
Lamps, laboratory, alcohol, Nos. 9, 10 (S. S. W.), of each.....	do. 1
Lathe head, Unique, complete, with eight chucks.....	do. 1
Lathe head, Unique, extra chucks for, as required.....	do.

842.

LABORATORY—Continued

<i>Slivers, pin, No. 127</i>	number	1
<i>Saw, frame, mechanical</i>	do.	1
<i>Saw, frame, mechanical, blades for</i>	do.	24
<i>Scrapers (Kingsley's), driven blades, set of 6</i>	set	1
<i>Screw plate and taps, watchmaker's</i>	do.	1
<i>Phears</i>	pair	1
<i>Sieve, flour, hand, rotary</i>	number	1
<i>Soap dish, metal, enameled</i>	do.	1
<i>Sockets and arms for interdental splints (Marshall's), 2 in set</i>	sets	2
<i>Soldering coppers, small and medium, of each</i>	number	1
<i>Spatula, No. 19</i>	do.	1
<i>Stone, whet, carborundum, 5-inch</i>	do.	1
<i>Stove, gas, single burner, plate warmer</i>	do.	1
<i>Trays, upper impression, Nos. 1, 3, 5, 12, 14, and 18, of each</i>	do.	1
<i>Trays, lower impression, Nos. 1, 3, 5, 15, 17, 22, and Franklin No. 2, of each</i>	do.	1
<i>Tubing, rubber, 1-inch, heavy, wall, white</i>	feet	16
<i>Vise, bench, jeweler's, side lever, 2-inch</i>	number	1
<i>Vulcanizer (Lewis), c. b., 2-case, with alcohol heater, complete</i>	do.	1
<i>Vulcanizer (Lewis), c. b., endless packing for</i>	do.	3
<i>Wheels, brush, Nos. 3, 5, 6, 16, 24, 25, of each</i>	do.	2
<i>Wheels, carborundum, lathe, round edge, 1½ and 2½-inch diameters, 1, 1, and 1-inch widths, grits B and D, of each</i>	number	1
<i>Wheels, carborundum, lathe, square edge, 1 and 2-inch diameters, 1, 1, and 1-inch widths, grits C and E, of each</i>	number	1
<i>Wheel, driving, No. 4 (S. S. W.)</i>	do.	1
<i>Wheels, felt, s. e. No. 3, r. e. No. 4, and k. e. No. 2, of each</i>	do.	1

843.

MISCELLANEOUS

<i>Chalk, prepared, in 2-pound friction or screw-top tin</i>	tin	1
<i>Gutta-percha, baseplate, pink</i>	pound	1
<i>Metal, air-chamber, thin, in 1-pound package</i>	packages	2
<i>Modeling composition, Perfection (Detroit), in 1-pound box</i>	boxes	6
<i>Modeling composition (S. S. W.), in 1-pound box</i>	do.	6
<i>Plaster of Paris, in 4-pound friction or screw-top tin</i>	tins	12
<i>Pumice, in 1-pound friction or screw-top tin</i>	do.	2
<i>Rubber apron (L. S. S. & S. Co. catalogue)</i>	number	1
<i>Rubber, red</i>	pound	1
<i>Rubber, pink</i>	do.	1
<i>Sandpaper, Nos. 00 to 1, assorted sheets</i>	sheets	24
<i>Soap, scouring</i>	cakes	6
<i>Teeth, vulcanite, combination sets, upper, 24 by 14 (336) (S. S. W.), as required</i>	sets	1
Molds, Nos. 11, 29, 57, 58, 62, 64, 68, 72, 77, 81, 87, 95, 125, 180, 182, 183, 187, 189, 195, 197, 199, 235, 246, 248.		
Shades, Nos. 29, 31, 32, 36, 38, 39, 40, 41, 42, 46, 47, 49.		
<i>Teeth, vulcanite, combination sets, lower, 10 by 14 (140) (S. S. W.) as required</i>	sets	1
Molds, Nos. 9, 18, 21, 30, 36, 43, 49, 60, 61, 62.		
Shades, Nos. 29, 32, 36, 38, 39, 40, 41, 42, 46, 47.		
<i>Tin foil, extra tough, No. 14</i>	book	1
<i>Wax, base plate, pink, paraffin, in 1-pound box</i>	boxes	2
<i>Wax, yellow, impression, in 1-pound box</i>	do.	12
<i>Wire, iron, binding, No. 32 gauge</i>	spools	2

844.

STATIONERY

<i>Baskets, letter</i>	number	2
<i>Baskets, waste-paper</i>	do.	2
<i>Blank book, cap, 250 pages</i>	do.	1
<i>Blotters, hand</i>	do.	2
<i>Cups, sponge</i>	do.	2
<i>Paper, blotting</i>	quire	1
<i>Paper cutters</i>	number	2
<i>Paper weights</i>	do.	2

ARTICLE XIV.—FIELD SUPPLY TABLE

845. In order to limit weight and bulk and avoid breakage as much as possible, all medicines for field use are, with a few exceptions, put up in tin containers, patterns of which are kept in the Field Medical Supply Depot at Washington. There are, besides those in the field chests, five standard sizes of these containers, holding 3 ounces, 5 ounces, 12 ounces, 16 ounces, and 48 ounces, respectively. These containers are expendable, but they should, if practicable, be returned when empty to the depots.

FIELD, EVACUATION, AND BASE HOSPITALS, AND THE RESERVE MEDICAL SUPPLY

846. The allowance of medicines, hospital stores, and other expendable articles for field, evacuation, and base hospitals, and the reserve medical supply, given in the following tables, is under ordinary conditions sufficient for one month.

Evacuation and base hospitals are not strictly limited to articles listed in this table.¹

847.

MEDICINES

(For method of packing medicines for the field see pars. 860, 861, and 862)

	Field hos- pital.	Evacu- ation hospital.	Base hospital.	Reserve medical supply.
Acetphenetidinum (Phenacetin), 324-mgm. tablets, 725 in 12-ounce tin.....	2	6	6	6
Acidum boricum, 324-mgm. tablets, 750 in 12-ounce tin.....	2	6	6	6
Acidum nitricum, in ½-pound dark amber-colored glass stopper bottle.....			1	
Acidum salicylicum, 324-mgm. tablets, 400 in 12-ounce tin.....	1	3	3	3
Acidum sulphuricum aromaticum, in ½-pound glass stopper bottle.....			3	
Acidum tannicum, 324-mgm. tablets, 500 in bottle.....			3	
Adeps lææ, ½ pound in wide mouth bottle.....			6	
Adrenalin chloride, 3/200-grain tablets, 25 tablets in amber-colored tube.....	1	3	3	3
Æther, ½-pound tin.....	24	72	72	72
Alcohol, 3-pint tin.....	18	54	54	54
Ammoniaë, aqua, 10 per cent, 1-pound glass stopper bottle.....			6	
Ammoniaë, spiritus aromaticus, ½-pint glass stopper bottle.....	8	24	24	24
Ammonii chloridi, trochisci (par. 806), 350 in 12-ounce tin.....	4	12	12	12
Amylii nitris, 5-drop pearls, 12 in box.....	2	6	6	6
Apomorphinaë hydrochloridum, 6-mgm. hypodermic tablets, 20 in dark amber-colored tube.....	6	18	18	18
Argentii nitras in crystals, 1 ounce in dark amber-colored bottle.....	1	3	3	3
Argentii nitras fusus, 1 ounce in dark amber-colored bottle.....	1	3	3	3
Arseni trioxidum, 1-mgm. tablets, 875 in 3-ounce tin.....	1	3	3	3
Aspirin, 324-mgm. tablets, 500 in bottle.....	1	3	3	3
Atropinaë sulphas, 0.65-mgm. hypodermic tablets, 20 in tube.....	6	18	18	18
Belladonnaë emplastrum, 2 yards by 6 inches in tin.....	3	9	9	9
Bismuthi subnitras, 324-mgm. tablets, 725 in 12-ounce tin.....	8	24	24	24

¹ Articles which pertain to the permanent equipment of the reserve medical supply and are not for issue have quantities in black letter type.

847.

MEDICINES—Continued

	Field hospital.	Evacuation hospital.	Base hospital.	Reserve medical supply.
Caffeina citrata, 65-mgm. tablets, 250 in bottle.....	bottles. 1	3	3	3
Camphora, pulvis, $\frac{1}{2}$ -pound wide mouth bottle.....	do.		5	
Cantharidis emplastrum, 1 yard by 6 inches in tin.....	tins. 3	9	9	9
Capsicum, 32-mgm. tablets, 750 in 3-ounce tin.....	do. 1	3	3	3
Chloralum hydratum, 324-mgm. tablets, 400 in amber-colored bottle.....	bottles. 2	6	6	6
Chloroformum, $\frac{1}{2}$ -pound tin.....	tins. 144	432	432	432
Chrysarobinum, $\frac{1}{2}$ ounce in dark amber-colored bottle.....	bottles.		4	
Cocainæ hydrochloridum, 10-mgm. hypodermic tablets, 20 in tube.....	tubes. 20	60	60	60
Cocainæ hydrochloridum, $\frac{1}{2}$ -ounce wide mouth bottle.....	bottles.		3	
Codeina, 32-mgm. tablets, 875 in 3-ounce tin.....	tins. 1	3	3	3
Collodium, 1-ounce dark amber-colored glass stopper bottle.....	bottles. 4	12	12	12
Digitalinum, 1-mgm. hypodermic tablets, 20 in tube.....	tubes. 6	18	18	18
Digitalis, tinctura, 0.3 c. c. tablets, 800 in 3-ounce tin.....	tins. 1	3	3	3
Foot powder (see par. 806), $\frac{1}{2}$ -pound tin with perforated lid and cap.....	tins. 12	36	36	36
Glycerinum, 3-pint tin.....	tins. 1	3	3	3
Glycerylis nitræ (nitroglycerin), 0.65-mgm. tablets, 250 in bottle.....	bottles.		3	
Glycerylis nitræ (nitroglycerin), 0.65-mgm. hypodermic tablets.....	tubes. 12	36	36	36
Glycyrrhizæ mistura composita (par. 806), tablets, 3,600 in 12-ounce tin.....	tins. 1	3	3	3
Heroini hydrochloridum, 5.5-mgm. tablets, 650 in 3-ounce tin.....	tins. 1	3	3	3
Hexamethylenamina (Urotropin), 324-mgm. tablets, 600 in 12-ounce tin.....	tins. 1	3	3	3
Hydargyri chloridum mite, 32-mgm. tablets, 250 in amber-colored bottle.....	bottles. 10	30	30	30
Hydargyri iodidum flavum, 10-mgm. tablets, 875 in 3-ounce tin.....	tins. 2	6	6	6
Hydargyri unguentum, $\frac{1}{2}$ -pound wide mouth bottle.....	bottles. 6	18	18	18
Hyoscine hydrobromidum, 0.65-mgm. hypodermic tablets, 20 in dark amber-colored tube.....	tubes. 6	18	18	18
Iethyolum, 2-ounce wide mouth bottle.....	bottles.		6	
Iodoformum, 4-ounce dark amber-colored bottle.....	do. 2	6	6	6
Iodum, in 1-gm. tube.....	tubes. 200	600	600	600
Ipecacuanha, pulvis, 3-ounce wide mouth bottle.....	bottles.		4	
Ipecacuanha, 65-mgm. tablets, 875 in 3-ounce tin.....	tins. 1	3	3	3
Ipecacuanhæ et opii, pulvis, 324-mgm. tablets, 700 in 12-ounce tin.....	tins. 2	6	6	6
Linimentum rubefaciens (par. 806), tablets, 200 in 12-ounce tin.....	tins. 2	6	6	6
Magnesiæ sulphas, 1-pound tin.....	do. 32	96	96	96
Menthol, 1-ounce wide mouth bottle.....	bottles.		4	
Morphinæ sulphas, 8-mgm. tablets, 800 in 3-ounce tin.....	tins. 3	9	9	9
Morphinæ sulphas, 8-mgm. hypodermic tablets, 20 in dark amber-colored tube.....	tubes. 48	144	144	144
Oleum gossypii seminis, 3-pint tin.....	tins.		8	
Oleum menthæ piperitæ, in 1-ounce glass stopper bottle.....	bottles.		3	
Oleum ricini, 3-pint tin.....	tins. 3	9	9	9
Oleum terebinthinæ, 3-pint tin.....	do. 3	9	9	9
Oleum theobromatis, $\frac{1}{2}$ pound in 12-ounce tin.....	do. 1	3	3	3
Opil pulvis, 2-ounce wide mouth bottle.....	bottles. 4	12	12	12
Opil tinctura, $\frac{1}{2}$ -pint bottle.....	do. 8	24	24	24
Petrolatum, 1-pound tin.....	tins.		24	
Phenylis salicylas (salol), 324-mgm. tablets, 500 in amber-colored bottle.....	bottles. 2	6	6	6
Pilulæ aloini comp. (par. 806), tablets, 875 in 3-ounce tin.....	tins. 1	3	3	3
Pilulæ camphoræ et opii (par. 806), tablets, 875 in 12-ounce tin.....	do. 3	9	9	9
Pilulæ catharticæ compositæ, 1,200 in 12-ounce tin.....	do. 3	9	9	9
Pilulæ copaiabæ comp. (par. 806), tablets, 700 in 12-ounce tin.....	do.			3
Pilulæ ferri compositæ (par. 806), 1,200 in 12-ounce tin.....	do. 1	3	3	3
Plumbi acetas, 130-mgm. tablets, 875 in 3-ounce tin.....	do. 1	3	3	3
Potassii bromidum, 324-mgm. tablets, 500 in amber-colored bottle.....	bottles. 2	6	6	6
Potassii chloras, 324-mgm. tablets, 1,200 in 12-ounce tin.....	tins. 1	3	3	3
Potassii et sodii tartaras, pulvis, 1-pound tin.....	do.		30	
Potassii iodidum, 324-mgm. tablets, 500 in amber-colored bottle.....	bottles. 5	15	15	15
Potassii permanganas, 324-mgm. tablets, 1,200 in 12-ounce tin.....	tins. 1	3	3	3
Quinina hydrochlorosulphas, 32-mgm. hypodermic tablets, 20 in dark amber-colored tube.....	tubes. 48	144	144	144
Quinina sulphas, 200-mgm. tablets, 1,200 in 12-ounce tin.....	tins. 15	45	45	45
Saline solution, normal, tablets (par. 806), 150 in 12-ounce tin.....	do. 1	3	3	3
Snapiis emplastrum, 4 yards by 6 inches in tin.....	do. 4	12	12	12
Sodii bicarbonas, 324-mgm. tablets, 1,200 in 12-ounce tin.....	do. 1	3	3	3
Sodii bicarb. et mentha piperita (par. 806), tablets, 1,200 in 12-ounce tin.....	tins. 1	3	3	3
Sodii carbonas monohydratus, pulvis, for surgical use, $\frac{1}{2}$ pound in 12-ounce tin.....	tins. 2	6	6	6
Sodii salicylas, 324-mgm. tablets, 725 in 12-ounce tin.....	do. 2	6	6	6

847.

MEDICINES—Continued

	Field hos- pital.	Evacu- ation hospital.	Base hospital.	Reserve medical supply.
Strychninæ sulphas, 1-mgm. hypodermic tablets, 20 in tube.....tubes..	36	108	108	108
Sulphonmethanum (Sulphonal), 324-mgm. tablets, 725 in 12-ounce tin.....tins..	1	3	3	3
Sulphur lotum, $\frac{1}{2}$ pound in 12-ounce tin.....do..	1	3	3	3
Talcum, pulvis, $\frac{1}{2}$ -pound tin with perforated lid and cap.....do..	8	24	24	24
Thymol, 1-ounce bottle.....bottles..			12	
Zinci oxidum, 324-mgm. tablets, 1,200 in 12-ounce tin.....tins..	1	3	3	3
Zinci sulphas, 324-mgm. tablets, 240 in 3-ounce tin.....do..	1	3	3	3
Zingiberis fluidextractum, in $\frac{1}{2}$ -pint bottle.....bottles..			2	
Total weight when packed as directed in par. 860, about, pounds..	433	1,299	1,399	1,299

848.

ANTISEPTICS AND DISINFECTANTS

Antiseptic tablets (hydrarg. chlor. corros.), 250 in bottle.....bottles..	10	30	30	30
Formaldehyde solution, 40 per cent, 1-quart dark amber-colored bottle.....bottles..			12	
Lime, chlorinated, 1-pound, wide mouth amber-colored bottle with resinized cork.....bottles..	12	36	60	36
Phenol, crystallized, $\frac{1}{2}$ -pound dark amber-colored bottle.....do..	8	24	24	24
Total weight, packed, about.....pounds..	63	189	235	189

849.

HOSPITAL STORES

Arrowroot, in 4-pound tin.....tins..	3	9	9	9
Beef, liquid or extract, 3-ounce container.....containers..	60	180	180	180
Brandy, 1-quart bottle.....bottles..	12	36	36	36
Candles, 6 to the pound.....number..	90	270	270	270
Chocolate, sugared, hard, foil-covered cakes.....pounds..	12	36	36	36
Cinnamon, ground.....ounces..	8	24	24	24
Condensed milk, unsweetened, or cream, 1-pound commercial tin.....tins..	72	216	216	216
Gelatin, 2-ounce package.....packages..	15	45	45	45
Malted milk, 1-pound bottle.....pounds..	48	144	144	144
Nutmeg, whole.....ounces..	8	24	24	24
Pepper, black, ground.....do..	4	12	12	12
Rolled oats, or equivalent preparation.....pounds..	42	126	126	126
Salt, table.....do..	6	18	18	18
Soap, Ivory or castile.....cakes..	48	144	144	144
Soup, assorted, 1-pint tin.....tins..	288	864		864
Sugar, white, granulated, 4-pound tin.....do..	15	45	45	45
Tea, green or black.....pounds..	5	15	15	15
Whisky, 1-quart bottle.....bottles..	36	108	108	108
Total weight, packed, about.....pounds..	1,107	3,321	2,349	3,321

850.

STATIONERY, MANUALS, ETC., AND BLANKS

(a) STATIONERY ¹				
Bands, rubber, assorted sizes.....gross..	1	3	3	3
Blank books, cap, 4-quire.....number..	3	9	9	9
Blank books, 8vo, 4-quire.....do..	3	9	9	9
Envelopes, official, large.....do..	100	300	300	300
Envelopes, official, letter.....do..	400	1,200	1,200	1,200
Envelopes, official, note.....do..	100	300	300	300
Fraser, rubber.....pieces..	4	12	12	12
Fasteners, paper.....boxes..	1	3	3	3
Ink, black, in 4-ounce bottle.....bottles..	2	6	6	6
Ink, red, in 4-ounce bottle.....do..	1	3	3	3
Mucilage.....do..	2	6	6	6

¹ In addition to supply contained in the field desks, par. 895.

850.

STATIONERY, MANUALS, ETC., AND BLANKS—Continued

	Field hos- pital.	Evacu- ation hospital.	Base hospital	Reserve medical supply.
(a) STATIONERY—Continued				
Pads, prescription.....	number.....	24	72	72
Pads, letter.....	do.....	10	30	30
Paper, blotting.....	quires.....	1	3	3
Paper, carbon, 50 sheets in box.....	boxes.....	1	3	3
Paper, legal cap.....	quires.....	6	18	18
Paper, manifold, 500 sheets in box.....	boxes.....	1	3	3
Paper, note.....	quires.....	3	9	9
Paper, writing, letter.....	do.....	12	36	36
Paper, typewriting, letter.....	do.....	24	72	72
Paste, photographer's, in compressible tubes, with brush.....	tubes.....	2	6	6
Pencils, lead.....	number.....	24	72	75
Penholders.....	do.....	12	36	36
Pens, steel.....	gross.....	1	3	3
(b) MANUALS, ETC., GENERAL STAFF ¹				
<i>Army Regulations</i>	copy.....	1	1	1
<i>Drill Regulations, Hospital Corps</i>	copies.....	2	6	6
<i>Field Service Regulations</i>	do.....	2	6	6
<i>Manual for the Medical Department</i>	do.....	2	6	6
(c) BLANKS, MEDICAL DEPARTMENT ¹				
Voucher for supplies bought or services hired, Form 5.....	number.....			12
Pay roll of employees, Form 6.....	do.....			6
Memorandum pay roll of employees, Form 6a.....	do.....			6
Invoice of articles purchased, Form 12.....	do.....			18
Account of sales, Form 15.....	do.....			12
Inventory of articles sold, Form 16.....	do.....			18
Return of medical property, front, card, Form 17.....	do.....			10
Return of medical property, original, white, slip, Form 17a.....	do.....			1,500
Return of medical property, retain, blue, slip, Form 17b.....	do.....			1,500
Return of medical property, back, card, Form 17c.....	do.....			10
List of medical supplies expended, Form 18.....	do.....			12
Invoice of or receipt for medical supplies delivered to Quartermaster's Department for transportation, Form 19.....	number.....			12
Invoice of medical supplies, post, Form 23.....	do.....	12	12	
Invoice of medical supplies, field, Form 24.....	do.....			12
Receipt for medical supplies, post, Form 26.....	do.....	12	12	
Receipt for medical supplies, field, Form 27.....	do.....			12
Invoice of or receipt for medical supplies, single sheet, Form 28.....	do.....			150
Packer's list, Form 32.....	do.....			12
Requisition for medical supplies, Form 35.....	do.....			60
Requisition for blanks, Form 37.....	do.....			18
Return of the Hospital Corps, Form 47a.....	do.....			12
Application for transfer to the Hospital Corps, Form 48.....	do.....			12
Statement of the hospital fund, Form 49.....	do.....			24
Employee's certificate of indebtedness for hospital service, Form 49a.....	number.....			12
Monthly sanitary report, Form 50.....	do.....			12
Report of sick and wounded, sheet, Form 51.....	do.....			24
Report of sick and wounded, nominal check list, sheet 1, Form 51a.....	number.....			24
Report of sick and wounded, nominal check list, sheet 2, Form 51a.....	number.....	12	36	50
Register and report card, Form 52.....	do.....	1,000	3,000	4,500
Index to register of patients, card, Form 52a.....	do.....	400	800	1,000
Clinical record, treatment sheet, Form 55.....	do.....	400	1,000	1,000
Clinical record, temperature chart, Form 55a.....	do.....	50	200	400
Clinical record, history sheet, Form 55b.....	do.....	10	100	200
Clinical record, progress sheet, Form 55c.....	do.....	10	100	200
Efficiency report of nurses, Army Nurse Corps, Form 62.....	do.....			12
Return of nurses, Army Nurse Corps, Form 63.....	do.....			12
Information slip book, Form 68.....	do.....			8
Morning report of ward, Form 72.....	do.....	200	400	600
Diet card, Form 73.....	do.....	200	400	600
Mess account, Form 74.....	do.....			12
Patient's property card, Form 75.....	do.....	400	1,000	3,000
Property tag, Form 76.....	do.....	400	1,000	3,000
Prescription file book, Form 77.....	do.....			4
Syphilitic register, Form 78.....	do.....			30
Daily field report of sanitary personnel and transportation, Form 82.....	number.....			150
Daily field report of patients, Form 83.....	do.....			150

¹ In addition to supply contained in the field desks, par. 895.

850. STATIONERY, MANUALS, ETC., AND BLANKS—Continued

	Field hos- pital.	Evacu- ation hospital.	Base hospital.	Reserve medical supply.
(d) BLANKS, ADJUTANT GENERAL'S DEPARTMENT ¹				
Muster roll of a detachment, Form 21.....	number.....	24	60	60
Descriptive list, Form 29.....	do.....	50	150	150
Inventory of effects of deceased soldier, Form 34.....	do.....	50	150	150
Muster roll of a company, Form 61.....	do.....	6	6	6
Report of death and disposal of remains, Form 415.....	do.....	50	150	150
(e) BLANKS, PAY DEPARTMENT ¹				
Notification of soldier's deposits, Form 4.....	number.....	20	20	.....
Allotment of pay, Forms 18 and 18a.....	books.....	6	6	.....
Pay roll, Form 28.....	number.....	90	90	.....
Pay roll, Form 28f.....	do.....	8	8	.....
Pay roll, extra sheets, Form 28f.....	do.....	90	90	.....
Pay roll of Army Nurse Corps, Form 33.....	do.....	12	12	.....
Deposit book, Form 41.....	do.....	50	50	.....
Total weight, when packed, about.....	150	500	500	492

851. FURNITURE, BEDDING AND CLOTHING, FIELD CHEST, ETC.

<i>Bedding and clothing, tent units of, in canvas case (par. 903).....</i>	number.....	18	54	84	.....
<i>Bedding and clothing, units, reserve, in canvas case (par. 905).....</i>	do.....	.....	54	84	.....
<i>Bed sacks, 32 by 80 inches.....</i>	do.....	.....	.....	.....	300
<i>Blankets, gray, 68 by 88 inches; weight, 5 pounds.....</i>	do.....	.....	324	500	300
<i>Books, medical, box of (par. 883).....</i>	do.....	1	1	1	.....
<i>Canvas for litters.....</i>	pieces.....	.....	.....	.....	50
<i>Chairs, folding.....</i>	number.....	.....	100	200	.....
<i>Chests, acetylene generator and lighting outfit (par. 886).....</i>	do.....	1	2	3	.....
<i>Chests, iron-bound, with 80 pounds calcium carbide for acetylene generator, size No. 14.....</i>	number.....	1	2	3	3
<i>Chests, commode (par. 887).....</i>	do.....	4	12	12	6
<i>Chest, detached service (par. 888).....</i>	do.....	.....	.....	.....	1
<i>Chest, medical (par. 889).....</i>	do.....	1	1	1	.....
<i>Chests, mess, set of 2 for 108 patients (par. 890).....</i>	sets.....	1	3	3	.....
<i>Chests, sterilizer (par. 893).....</i>	number.....	1	3	3	.....
<i>Chest, surgical (par. 894).....</i>	do.....	1	1	1	.....
<i>Chest, tool (par. 834).....</i>	do.....	1	1	1	1
<i>Close stools.....</i>	do.....	.....	12	18	.....
<i>Desks, field (par. 895).....</i>	do.....	1	3	3	1
<i>Furniture, field, tent units (par. 904).....</i>	do.....	.....	54	84	.....
<i>Litters with slings.....</i>	do.....	20	20	20	.....
<i>Microscopical outfit, field (par. 897).....</i>	do.....	1	1	1	.....
<i>Microscopical supplies, extra box (par. 897).....</i>	do.....	1	1	1	.....
<i>Tables, bedside, folding.....</i>	do.....	18	54	100	.....
<i>Tables, mess, folding.....</i>	do.....	.....	6	12	.....
<i>Tacks, for litters, 75 in package.....</i>	packages.....	.....	.....	.....	100
<i>Tubs, bath, folding, 2 in set (par. 882).....</i>	sets.....	2	3	3	.....
<i>Typewriters.....</i>	number.....	1	2	3	1
Total weight, about.....	pounds..	4,554	30,130	45,558	3,758

¹ In addition to supply contained in the field desks, par. 895.

852. MEDICAL AND SURGICAL INSTRUMENTS AND APPLIANCES

	Field hospit- tal.	Evacu- ation hospital.	Base hospital.	Reserve medical supply.
<i>Alcohol burners</i>	number	2	6	6
<i>Apparatus, X-ray, as required</i>	do.			
<i>Appliances for operating room (par. 855)</i>	set		1	
<i>Atomizers, hand</i>	number		4	8
<i>Bags, rubber, hot water and syringe</i>	do.	6	18	18
<i>Bandages, rubber</i>	do.	4	12	12
<i>Bandages, suspensory</i>	do.	24	72	72
<i>Bedpans, white enamel</i>	do.	6	18	36
<i>Bougies, flexible, Nos. 11, 15, 17, 20, 22, French scale</i>	do.		12	24
<i>Brushes, hand, scrubbing</i>	do.	24	72	72
<i>Buckets, white enamel, nest of 3</i>	number	2	4	4
<i>Cases, emergency (par. 824)</i>	do.	3	3	5
<i>Cases, forceps, hæmostatic (par. 813)</i>	do.	3	3	3
<i>Cases, general operating (par. 811)</i>	do.	3	3	4
<i>Catheters, flexible, assorted, Nos. 15, 17, 18, 20, 22, 24, French scale</i>	do.	6	18	18
<i>Cots, finger, rubber</i>	do.	24	72	72
<i>Crutches</i>	pairs	6	18	18
<i>Crutches, rubber tips for</i>	number	12	36	36
<i>Cushions, rubber, small</i>	do.	2	18	18
<i>Cushions, rubber, open center</i>	do.	2	18	18
<i>Eye shades</i>	do.	12	36	36
<i>Fracture boxes, folding</i>	do.	2	6	6
<i>Gloves, rubber, sizes 8, 8½, 9</i>	pairs	16	48	48
<i>Ligature, catgut, sterilized, 3 sizes in package, 18 inches each</i>	packages	100	300	300
<i>Ligature, horsehair, coil of 100</i>	coils	5	15	15
<i>Ligature, silk, braided, sterilized, 3 sizes in package, 18 inches each</i>	packages	300	900	900
<i>Ligature, silkworm gut, coil of 50</i>	coils	4	12	12
<i>Ligature, silver wire</i>	yards	4	12	18
<i>Measures, glass, graduated, 160 c. c.</i>	number	2	6	6
<i>Medicine droppers</i>	do.	12	36	36
<i>Medicine glasses</i>	do.	12	36	36
<i>Mortars and pestles, porcelain, small</i>	do.	1	3	3
<i>Needles, surgical, assorted</i>	dozen	4	12	12
<i>Paper, litmus, blue and red, of each</i>	books	2	6	6
<i>Pencils, camel's-hair</i>	number	24	72	72
<i>Pill tile, hard rubber</i>	do.	1	1	1
<i>Pins, common, assorted</i>	papers	20	60	60
<i>Pins, safety, 3 sizes</i>	dozen	40	120	120
<i>Pouches, for rubber gloves</i>	number	2	6	6
<i>Pouches, Hospital Corps (par. 899), as required</i>	do.			
<i>Pouches, orderly (par. 900), as required</i>	do.			
<i>Restraint apparatus (par. 832)</i>	do.	1	3	6
<i>Rubber sheeting or linoleum</i>	yards	20	60	60
<i>Scales and weights, apothecary's metric system (par. 899)</i>	number			1
<i>Soap boxes, metal, small</i>	do.	2	6	6
<i>Soap, germicidal</i>	cakes	12	36	36
<i>Soap, green, ½-pound jar in cylindrical wooden case</i>	jars	6	18	18
<i>Spatulas, small</i>	number	2	6	6
<i>Splints, coaptation, 5 in set</i>	sets	12	36	36
<i>Splints, wood veneer</i>	number	50	150	150
<i>Splints, wire gauze for</i>	yards	12	36	36
<i>Splints, Hodggen's</i>	number		12	18
<i>Syringes, hypodermic (par. 823)</i>	do.	4	12	12
<i>Syringes, hypodermic, extra needles for</i>	do.	24	72	72
<i>Syringes, penis, glass, in case</i>	do.	24	72	72
<i>Tables, operating, field, folding</i>	do.	1	2	2
<i>Tags, diagnosis</i>	books			150
<i>Tape measure</i>	number	1	1	1
<i>Tests tubes, 3 in nest</i>	number	3	9	9
<i>Thermometers, bath</i>	number	1	3	3
<i>Thermometers, clinical</i>	do.	30	30	30
<i>Tourniquets and bandages, rubber</i>	do.	4	12	12
<i>Towels, hand</i>	do.	48	144	144
<i>Trusses, single</i>	do.		6	6
<i>Tubes, drainage, rubber, Nos. 1, 2, and 3</i>	yards	9	27	27
<i>Urinals, white enamel</i>	number	6	18	36
<i>Urinometers</i>	do.		2	2
Total weight, packed, about	pounds	547	1,531	1,631

853.

SURGICAL DRESSINGS

	Field hospital.	Evacuation hospital.	Base hospital.	Reserve medical supply.
Bandages, flannel, roller, 3-inch.....dozen..	3	6	6	6
Bandages, gauze, compressed, 144 in box, 3 sizes.....gross..	15	30	30	30
Bandages, plaster of Paris, 3-inch, in individual packets.....dozen..	6	18	18	18
Cotton, absorbent, in rolls.....pounds..	20	60	60	60
Cotton, absorbent, sterilized, in 1-ounce packages.....packages..	800	2,400	2,400	2,400
First-aid packets (par. 898).....number..				2,400
Gauze, plain, sterilized, two $\frac{1}{2}$ -yard lengths in package.....packages..		350	1,400	
Gauze, plain, in 5-yard rolls.....rolls..		120	180	
Gauze, sublimated, two $\frac{1}{2}$ -yard lengths in package.....packages..	750	2,250	2,250	2,250
Muslin, unbleached.....yards..	15	45	45	45
Plaster, adhesive, zinc, 1 inch by 10 yards.....spools..	24	72	72	72
Plaster, adhesive, zinc, 2 inches by 10 yards.....do..	12	36	36	36
Plaster, moleskin.....yards..	10	30	30	30
Plaster of Paris, in 4-pound tin.....tins..	5	15	15	15
Plaster, isinglass, in 1-yard roll.....yards..	4	12	12	12
Silk, oiled, in 5-yard roll.....do..	5	15	15	15
Surgical dressings, reserve, in box (par. 884).....boxes..				50
Total weight, packed, about.....pounds..	622	1,854	2,103	5,991

854.

MISCELLANEOUS

Alcohol, denatured, 2-quart tin.....tins..	10	30	30	30
Basins, wash, hand, white enamel.....number..	20	60	60	3
Bottles, empty, 4-ounce.....dozen..		12	36	12
Boxes, folding, for tablets.....do..	120	360	360	360
Boxes, ointment, in nests of 3.....nests..	48	144	144	144
Brooms.....number..	4	12	12	2
Brushes, scrubbing.....do..	8	24	24	2
Buckets, galvanized iron.....do..	24	48	48	3
Calcium carbide, in 10-pound tin, for acetylene generator and lighting outfit.....tins..				32
Candlesticks, metal, folding, sets of 2.....sets..	6	18	18	18
Corks, assorted, in bags of 300.....bags..	1	3	3	3
Corkscrews.....number..	3	9	9	9
Cups, spit, paper.....dozen..	6	18	18	
Cups, spit, metal frames for.....number..	12	36	36	
Cups, white enamel.....do..	12	36	36	
Dippers.....do..	6	18	18	
Hatchets.....do..	2	6	6	
Labels, for vials.....gross..	2	6	6	6
Lanterns.....number..	20	60	60	10
Lanterns, extra glasses for, green.....do..	3	9	9	9
Lanterns, extra glasses for, white.....do..	12	36	36	36
Lanterns, extra wicks for.....dozen..	12	36	36	6
Matches, safety.....boxes..	288	864	864	864
Needles, common.....papers..	2	6	6	6
Paper, toilet.....packages..	100	300	500	300
Paper, wrapping, brown.....quires..	4	12	48	78
Thread, cotton.....spools..	6	18	18	18
Twine, brown, fine.....pounds..	2	6	6	6
Vials, 1-ounce.....dozen..	12	36	36	36
Total weight, packed, about.....pounds..	629	1,792	2,276	1,835

855. ADDITIONAL APPLIANCES FOR OPERATING ROOM, BASE HOSPITAL

Basins, for sponges, etc., enamel ware.....	number.....	4
Basins, wash, enamel ware.....	do.....	3
Boiler, instrument.....	number.....	1
Bottles, 4-liter, for antiseptic solutions.....	do.....	6
Cabinet for dressings and instruments.....	do.....	1
Cots, finger, rubber.....	dozen.....	2
Cushions, surgical, Kelly's.....	number.....	2
Dishes, Petri's, for needles, etc.....	do.....	2
Flasks, Erlenmeyer's, 2-liter, for antiseptic solutions.....	do.....	6
Gloves, rubber, sizes and number as required.....	pairs.....	6
Gowns, operating, for surgeons and assistants.....	number.....	6
Irrigators, glass, graduated, 2-liter.....	do.....	2
Jars, large, for dressings, etc.....	do.....	6
Jars, small, covered, for ligatures, etc.....	do.....	3
Pails, enamel ware.....	do.....	3
Pitchers, enamel ware.....	do.....	3
Spools, Halstead's glass.....	do.....	12
Sterilizer for dressings.....	do.....	1
Stools, revolving, white enamel.....	do.....	2
Tables for instruments.....	do.....	2
Table, operating, post standard.....	do.....	1
Trays for instruments, enamel ware.....	do.....	3
Tubes, test, 1 by 12 inches.....	dozen.....	2
Total weight, packed, about.....	pounds.....	1,500

856. ARTICLES FURNISHED BY THE QUARTERMASTER'S DEPARTMENT

	Field hospital.	Evacuation hospital.	Base hospital.	Reserve medical supply.
<i>Ambulances complete, with spare parts and accessories (par. 906).....</i>	number.....	3	3	
<i>Ambulance guidons on lance staff as markers.....</i>	do.....	6		
<i>Axe helvies.....</i>	do.....	12	24	6
<i>Axes.....</i>	do.....	8	16	3
<i>Colors, camp, on lance staff.....</i>	do.....	6		
<i>Filters, Darnall.....</i>	do.....	2	6	1
<i>Flag, Red Cross, with 50-foot halyards.....</i>	do.....	1	1	
<i>Flag, National Colors, storm, with 50-foot halyards.....</i>	do.....	1	1	
<i>Harness, single, lead (par. 908).....</i>	sets.....	16	10	12
<i>Harness, single, wheel (par. 908).....</i>	do.....	16	10	12
<i>Mounts for Hospital Corps.....</i>	number.....	8	5	3
<i>Mules for ambulances and wagons.....</i>	do.....	32	20	24
<i>Nose bags.....</i>	do.....		12	12
<i>Oil, illuminating, one month's allowance.....</i>	gallons.....	15	90	5
<i>Paulins.....</i>	number.....	2		3
<i>Pickaxes.....</i>	do.....	4	3	1
<i>Pickaxe helvies.....</i>	do.....	4	6	2
<i>Pins, tent, large.....</i>	do.....	125	1,500	2,200
<i>Pins, tent, small.....</i>	do.....	200	2,400	3,400
<i>Powder, hydroxide, for Darnall filter.....</i>	cans.....	48	144	144
<i>Rope, picket.....</i>	feet.....	200	200	200
<i>Shovels, long handle.....</i>	number.....	2	6	1
<i>Spades.....</i>	do.....	2	6	1
<i>Stoves, tent¹.....</i>	do.....	20	60	
<i>Stoves, tent, joints of pipe for¹.....</i>	do.....	120	360	
<i>Straw for bed sacks, as required (see A. R.).....</i>				
<i>Tent flies, wall, with poles, for sinks.....</i>	number.....	4	6	8
<i>Tents, hospital, complete².....</i>	do.....	23	66	121
<i>Tents, pyramidal, for enlisted personnel.....</i>	do.....		19	
<i>Tents, wall, for officers².....</i>	do.....	3	10	15
<i>Thimbles, for stovepipes, asbestos or metal¹.....</i>	do.....	20	60	
<i>Wagons, field, complete, with spare parts and accessories (par. 907).....</i>	number.....	8	2	2
Total weight, packed, exclusive of transportation, about.....	pounds.....	7,538	24,654	33,442
				2,513

¹ Issued when necessary.² For field hospital, when in permanent camp, add 8 pyramidal tents for enlisted personnel, and the officers' tentage allowed by Field Service Regulations.³ Without flies.

NOTE.—The above allowance of tentage for officers contemplates the presence of all medical officers authorized for the units in question; but the allowance of tentage and baggage for officers, both in campaign and in permanent or maneuver camps, and the normal campaign allowance of tentage for enlisted men, will be that prescribed in par. 231, F. S. R. The allowance of tentage for enlisted men of sanitary units in permanent or maneuver camps, except those serving with base hospitals, will be that prescribed for enlisted men in permanent or maneuver camps in orders of the War Department published pursuant to par. 181, F. S. R.

857. ARTICLES FURNISHED BY THE ORDNANCE DEPARTMENT

The personal equipment of the men of the Hospital Corps, paragraph 910, and the horse equipments for the mounted men of the Hospital Corps, paragraph 909.

858. ARTICLES FURNISHED BY THE SUBSISTENCE DEPARTMENT

	Field hospital.	Evacuation hospital.	Base hospital.	Reserve medical supply.
<i>Ranges, field, No. 1</i>.....number..	1	3	5	1
<i>Range, field, No. 2</i>.....do.....				
Weight.....pounds..	230	690	1,150	160

A field oven will be supplied for evacuation and base hospitals.

859. WEIGHTS TO BE CARRIED BY THESE UNITS, EXCLUSIVE OF TRANSPORTATION

(a) GENERAL EQUIPMENT				
Medicines (par. 847).....pounds..	433	1,299	1,399	1,299
Antiseptics and disinfectants (par. 848).....do.....	63	189	235	189
Hospital stores (par. 849).....do.....	1,107	3,321	2,349	3,321
Stationery, blanks, etc. (par. 850).....do.....	150	500	500	492
Furniture, bedding, etc. (par. 851).....do.....	4,554	30,130	45,558	3,758
Medical and surgical instruments (par. 852).....do.....	547	1,531	1,631	450
Surgical dressings (par. 853).....do.....	622	1,854	2,103	5,991
Miscellaneous (par. 854).....do.....	629	1,792	2,276	1,835
Additional appliances for operating room of base hospital (par. 855).....pounds.....			1,500	
Articles furnished by Quartermaster's Department (par. 856).....pounds.....	7,538	24,654	33,442	2,513
Articles furnished by Subsistence Department (par. 858).....do.....	230	690	1,150	160
(b) FORAGE, RATIONS, AND PERSONAL EQUIPMENT				
(Field hospitals and reserve medical supplies only)				
Forage for 3 days, at 9 pounds per mule and 12 pounds per horse.....pounds..	¹ 1,368			² 792
Rations, at 3 pounds each.....do.....	³ 720			⁴ 99
Field kits, at 12 pounds each (exclusive of kits carried by mounted men).....pounds.....	⁵ 588			⁶ 96
Surplus kits of entire enlisted personnel, at 7 pounds each.....do.....	⁷ 399			⁸ 77
(c) DRIVERS, WITH PERSONAL EQUIPMENT, EXCLUSIVE OF RATIONS AND KIT, AT 180 LBS. EACH.....pounds..				
	⁹ 1,440			¹⁰ 1,080
(d) OFFICERS' FIELD ALLOWANCE OF BAGGAGE.....do.....				
	¹¹ 600			¹² 100
Total.....do.....	20,988	65,960	92,143	22,252

¹ 32 mules and 14 horses.

² 24 mules and 4 horses.

³ 240 rations.

⁴ 33 rations.

⁵ 49 kits.

⁶ 8 kits.

⁷ 57 surplus kits.

⁸ 11 surplus kits.

⁹ 8 drivers.

¹⁰ 6 drivers.

¹¹ 1 major, 4 captains.

¹² 1 captain.

PACKING CASES

860. Each field hospital will be furnished with five strong iron-bound boxes (with hinged lids and hasps), of the dimensions given below, for carrying the medicines listed in paragraph 847. Each box will have a list of the contents on the inside of the lid and, if practicable, on the outside also. Standard samples of these boxes are kept at the Field Medical Supply Depot at Washington.

Articles.	No.	Size.
(a) Box No. 1		
(With tray, inside dimensions $27\frac{1}{2}$ by $13\frac{1}{2}$ by $8\frac{1}{2}$ inches; weight when filled about 90 pounds)		
Acetphenetidinum (Phenacetin)	tins. 2	12
Acidum boricum	do. 2	12
Acidum salicylicum	do. 1	12
Adrenalini hydrochloridum	tube. 1	
Ammonii chloridi trochisci	tins. 4	12
Amylii nitrilis, 5-drop pearls, 12 in box	boxes. 2	
Apomorphinæ hydrochloridum, hypodermic tablets	tubes. 6	
Argentii nitratis crystals, 1-ounce bottle	bottle. 1	1
Argentii nitratis fusus, 1-ounce bottle	do. 1	
Arseni trioxidum	tin. 1	3
Aspirin	bottle. 1	8
Atropinæ sulphas, hypodermic tablets	tubes. 6	
Bismuthi subnitratis	tins. 8	12
Caffeina citrata	bottle. 1	1
Capsicum	tin. 1	3
Chloralium hydratum	bottles. 2	4
Cocainæ hydrochloridum, hypodermic tablets	tubes. 12	
Codeina	tin. 1	3
Collodium	bottles. 4	1
Digitalinum, hypodermic tablets	tubes. 6	
Digitalis tinctura	tin. 1	3
Glycerylis nitratis (nitroglycerin), hypodermic tablets	tubes. 12	
Glycyrrhizæ mistura composita	tin. 1	12
Heroini hydrochloridum	do. 1	3
Hexamethylenamina (Urotropin)	do. 1	12
Hydargyri chloridum mite	bottles. 10	1
Hydargyri iodidum flavum	tins. 2	3
Hyoscinæ hydrobromidum, hypodermic tablets	tubes. 6	
Iodum, in 1-gram tubes	do. 200	
Ipecacuanha, tablets	tin. 1	3
Ipecacuanhæ et opii, pulvis	tins. 2	12
Linimentum rubefaciens	do. 2	12
Morphinæ sulphas, tablets	do. 3	3
Morphinæ sulphas, hypodermic tablets	tubes. 48	
Oleum theobromatis	tin. 1	12
Phenylis salicylas (salol)	bottles. 2	8
Pilulæ aloini comp	tin. 1	3
Pilulæ camphoræ et opii	tins. 3	12
Pilulæ cathartice compositæ	do. 3	12
Pilulæ ferri compositæ	tin. 1	12
Plumbi acetatis	do. 1	3
Potassii bromidum	bottles. 2	4
Potassii chloras	tin. 1	12
Potassii iodidum	bottles. 5	4
Potassii permanganas	tin. 1	12
Quininæ hydrochlorosulphas, hypodermic tablets	tubes. 48	
Quininæ sulphas	tins. 15	12
Saline-solution tablets	tin. 1	12
Sodii bicarbonas	do. 1	12
Sodii bicarbonas et mentha piperita	do. 1	12
Sodii carbonas monohydratus pulvis	tins. 2	12
Sodii salicylas	do. 2	12
Strychninæ sulphas, hypodermic tablets	tubes. 36	
Sulphonmethanum (Sulphonal)	tin. 1	12
Sulphur lotum	do. 1	12
Zinci oxidum	do. 1	12
Zinci sulphas	do. 1	3

This box has the following containers:

68 tins, 12-ounce.
 14 tins, 3-ounce.
 3 bottles, 8-ounce.
 9 bottles, 4-ounce.
 17 bottles, 1-ounce.
 12 boxes amyl nitrilis pearls and iodum.
 174 tubes of hypodermic tablets.

(b) Box No. 2

(Inside dimensions 31 by $13\frac{1}{2}$ by 9 inches with 6 cross partitions $\frac{1}{2}$ inch thick; weight about 117 pounds)

Aether, $\frac{1}{4}$ pound	tins. 24	5
Chloroformum, $\frac{1}{4}$ pound	do. 144	5

(c) Box No. 3

(Inside dimensions, $31\frac{1}{2}$ by $12\frac{1}{2}$ by $7\frac{1}{2}$ inches with 5 cross partitions $\frac{1}{2}$ inch thick; weight about 74 pounds)

Alcohol, 3-pint tins	tins. 18	48
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Articles.	No.	Size.
(d) Box No. 4		
(Inside dimensions 3½ by 12½ by 8½ inches; weight about 70 pounds)		
Ammonia spiritus aromaticus	bottles 8	8
Belladonna emplastrum	tins 3	.....
Cantharidis emplastrum	do 3	.....
Foot powder	do 12	8
Glycerinum	do 1	48
Hydrargyri unguentum	bottles 6	4
Iodoformum	do 2	4
Opil tinctura	do 4	8
Petrolatum	tins 8	16
Sinapis emplastrum	do 4	.....
Taleum pulvis	do 8	8
(e) Box No. 5		
(Inside dimensions 3½ by 14 by 7 inches with five ¾-inch cross partitions; weight about 85 pounds)		
Magnesii sulphas	tins 32	16
Oleum ricini	do 3	48
Oleum terebinthinae	do 3	48

861. In order to make it possible to find readily the articles of the field hospital listed in paragraphs 848 to 854, they will, so far as practicable, be placed in boxes of the dimensions of box No. 4, paragraph 860, in the order in which they occur in the supply table, and these boxes and all other chests, packages, etc., will be plainly marked with consecutive numbers beginning with medicines. Besides the number, each box should have the class of supplies, i. e., "anti-septics and disinfectants," "hospital stores," etc., marked on it, also its weight, and the name of the hospital.

862. For the evacuation hospital and reserve medical supply three sets of the boxes described in paragraph 860 will be required to hold the medicines listed in paragraph 847.

DIRECTIONS FOR LOADING THE WAGONS OF THE FIELD HOSPITAL

863. The following scheme for distributing the supplies and equipment of a field hospital among its wagons and adjusting their several loads is suggested:

WAGON NO. 1

(Kitchen supplies)

1 driver and personal equipment.....	pounds..	180
2 tents, hospital, complete.....	do.....	480
240 rations and containers.....	do.....	720
1 range, field.....	do.....	230
2 mess chests, A, 168 pounds, and B, 170 pounds (par. 890).....	do.....	338
8 axes.....	do.....	32
12 axe helvies.....	do.....	15
2 pickaxes.....	do.....	16
4 pickaxe helvies.....	do.....	8
2 shovels, long handle.....	do.....	12
2 spades.....	do.....	10
1 bundle—6 ambulance guidons, and 6 colors, camp.....	do.....	20
1 flag, Red Cross, with 50-foot halyards.....	do.....	5
1 flag, national, with 50-foot halyards.....	do.....	5
200 feet of picket rope.....	do.....	80
2 filters, Darnall.....	do.....	104
2 boxes hydroxide powder for Darnall filters.....	do.....	72
49 field kits (12 pounds per kit) ¹	do.....	588
Total weight of load.....	do.....	2,915

¹ Mounted men carry field kits on mount.

WAGON NO. 2

(Office, dispensary and operating tent, equipment and supplies)

1 driver and personal equipment.....	pounds..	180
1 box, miscellaneous supplies (par. 854).....	do..	75
5 boxes, medicines (par. 847).....	do..	433
2 boxes, stationery and blanks (par. 850).....	do..	150
5 boxes, medical and surgical instruments, etc. (par. 852).....	do..	347
1 box, medical books.....	do..	40
1 chest, acetylene generator and lighting outfit.....	do..	55
1 chest, calcium carbide for acetylene generator.....	do..	120
3 chests, medical, surgical, and sterilizer.....	do..	300
1 desk, field, filled.....	do..	130
1 box, microscopical outfit and supplies.....	do..	50
1 typewriter.....	do..	60
1 table, operating.....	do..	60
3 tents, hospital, complete.....	do..	720
Total weight of load.....	do..	2,720

WAGON NO. 3

(Tentage for hospital wards)

1 driver and personal equipment.....	pounds..	180
12 hospital tents, complete.....	do..	2,880
Total weight of load.....	do..	3,060

WAGON NO. 4

(Equipment for hospital wards)

1 driver and personal equipment.....	pounds..	180
18 tent units, bedding and clothing.....	do..	2,376
18 tables, bedside, folding.....	do..	180
Total weight of load.....	do..	2,736

WAGON NO. 5

(Forage; officers' tentage and baggage)

1 driver and personal equipment.....	pounds..	180
32 animals, draft, three days' forage for.....	pounds..	864
8 mounts, for orderly and noncommissioned officers, 3 days' forage for.....	do..	288
6 mounts, officers', 3 days' forage for.....	do..	216
3 tents, wall, without flies, for officers.....	do..	249
5 officers' field allowance of baggage.....	do..	600
20 litters with slings.....	pounds..	849
		440
Total weight of load.....	do..	2,837

WAGON NO. 6

(Supplies)

1 driver and personal equipment.....	pounds..	180
12 boxes, hospital stores (par. 849).....	do..	1,107
1 box, disinfectants (par. 848).....	do..	63
2 boxes, lanterns.....	do..	100
6 tents, hospital, complete.....	do..	1,440
Total weight of load.....	do..	2,890

WAGON NO. 7

(Supplies)

1 driver and personal equipment.....	pounds..	180
9 boxes, surgical dressings (par. 853).....	do.....	622
1 box, instruments and appliances.....	do.....	100
3 boxes, miscellaneous supplies (par. 854).....	do.....	178
2 boxes, miscellaneous supplies (par. 854).....	do.....	134
4 chests, commode.....	do.....	160
1 chest, tool.....	do.....	145
2 buckets, white enamel, nest of 3.....	do.....	18
24 buckets, galvanized iron.....	do.....	104
57 surplus kits of Hospital Corps detachment.....	do.....	399
4 tent flies, wall, complete with poles and pins, for sinks.....	do.....	152
Total weight of load.....	do.....	2,192

WAGON NO. 8

(Supplies)

1 driver and personal equipment.....	pounds..	180
2 sets of tubs, bath, folding, 2 in set.....	do.....	160
1 package, crutches.....	do.....	40
1 package, brooms.....	do.....	20
3 cans, oil, illuminating.....	do.....	120
125 pins, tent, large, extra.....	do.....	105
200 pins, tent, small, extra.....	do.....	168
20 Sibley stoves.....	do.....	400
120 stovepipe joints, crated.....	do.....	435
20 thimbles for stovepipe.....	do.....	10
Total weight of load.....	do.....	1,638

NOTE.—Wagon No. 8 of one of the field hospitals of each division will carry the additional tentage and baggage for the director of field hospitals:

1 major's field allowance baggage.....	pounds..	200
1 tent, wall, without fly.....	do.....	83
		283

Total weight of load (special wagon No. 8).....pounds.. 1,921

NOTE.—Wagon No. 8 of one of the field hospitals of each division will carry the officers' mess outfit, when provided, weight.....pounds.. 300

(a) Four acting cooks, one dispensary assistant, and three ward attendants may, in addition to the drivers, be allowed on the wagons when in the judgment of the commanding officer of the field hospital that course is practicable.

DIRECTIONS FOR LOADING THE WAGONS OF THE RESERVE MEDICAL SUPPLY

864. The following table indicates an acceptable scheme for the distribution of the supplies and equipments of the reserve medical supply and the adjusting of the loads of its wagons:

WAGONS NOS. 1, 2, AND 3

(Medicines, hospital stores, and dressing materials)

	No. 1.	No. 2.	No. 3.
15 boxes, medicines.....	433	433	433
3 boxes, antiseptics and disinfectants.....	63	63	63
36 boxes, hospital stores.....	1,107	1,107	1,107
3 boxes, miscellaneous supplies.....	90	90	90
3 boxes, ligatures.....	65	65	65
3 boxes, splints.....	55	55	55
2 boxes, bandages, flannel and gauze.....	85	85	85
2 boxes, bandages, gauze.....	90	90	85
3 boxes, plaster of Paris.....	85	85	85
3 boxes, cotton, absorbent, in rolls.....	45	45	45
6 boxes, cotton, absorbent, packages.....	120	120	120
6 boxes, gauze, sublimate.....	140	140	140
3 boxes, bandages, mixed and plaster.....	57	57	57
8 boxes, first-aid dressings.....	300	300	300
12 boxes, surgical dressings, reserve.....	280	280	280
3 drivers and equipments.....	180	180	180
Total weight, loads.....	3,110	3,195	3,105

Each wagon carries practically the allowance of medicines, hospital stores, and dressing materials for a field hospital.

WAGON No. 4

(Equipment, reserve supply)

1 driver and personal equipment.....	pounds..	180
1 hospital tent, complete (kitchen).....	do.....	240
1 range, field, No. 2.....	pounds..	160
33 rations.....	do.....	99
		259
1 chest, detached service.....	do.....	100
1 desk, field (filled).....	do.....	130
3 basins, hand, wash, enamel ware.....	do.....	3
2 brooms.....	do.....	5
2 brushes, hand, scrubbing.....	do.....	2
3 buckets, galvanized iron.....	do.....	15
10 lanterns (in box).....	do.....	50
6 dozen lantern wicks.....	do.....	1
30 quires of paper, wrapping.....	do.....	76
10 quires of paper, typewriting.....	do.....	3
1 tool chest.....	do.....	148
4 pounds of twine, fine.....	do.....	4
1 typewriter.....	do.....	60
		597
3 axes.....	do.....	12
6 axe helvies.....	do.....	8
1 filter, Darnall's.....	do.....	52
1 box hydroxide powder.....	do.....	36
5 gallons of oil, illuminating.....	do.....	40
3 paulins.....	do.....	291
1 pickaxe.....	do.....	8
2 pickaxe helvies.....	do.....	4
50 pins, tent, large, extra.....	do.....	44
200 pins, tent, small, extra.....	do.....	168
1 shovel, long handle.....	do.....	6
1 spade.....	do.....	5
		674
1 box instruments, etc. (4 general operating cases, 30 clinical thermometers, 150 books of tags, diagnosis).....	pounds..	90
1 box miscellaneous supplies (24 brushes, hand, scrubbing, 18 nests candlesticks, metal, folding, 9 corkscrews, 48 quires paper, wrapping, brown, 6 pounds of twine, brown).....	pounds..	90
3 chests calcium carbide for generator.....	do.....	360
32 10-pound tins calcium carbide.....	do.....	320
2 boxes of canvas for litters.....	do.....	150
		1,010
Total weight of load.....	pounds..	2,960

WAGON No. 5

(Baggage, tentage, forage)

1 driver and personal equipment.....	pounds..	180
2 tent flies, wall, with poles (for sinks).....	pounds..	76
6 tents, hospital, complete.....	do.....	1,440
1 tent, wall, without fly, for officer.....	do.....	83
		1,599
1 captain's field allowance of baggage.....	do.....	100
8 kits, field.....	do.....	96
11 kits, surplus.....	do.....	77
		273
24 mules, draft, three days' forage for.....	do.....	648
1 mount, officer's, 3 days' forage for.....	do.....	36
3 mounts, for orderly and noncommissioned officers, 3 days' forage for.....	do.....	108
		792
Total weight of load.....	pounds..	2,844

WAGON No. 6

(Supply wagon)

1 driver and personal equipment.....	pounds..	180
3 boxes stationery.....	do.....	264
3 boxes forms.....	do.....	225
3 boxes alcohol, denatured.....	do.....	204
1 box 4-ounce bottles.....	do.....	63
3 boxes miscellaneous supplies.....	do.....	180
3 boxes lantern glasses.....	do.....	150
6 boxes toilet paper.....	do.....	402
170 blankets.....	do.....	1,003
120 bed sacks.....	do.....	320
Total weight of load.....	do.....	2,991

(a) The following articles, part of the allowance of the reserve medical supply, have not been included in the packing list of the six authorized wagons. These articles may be stored temporarily on the line of communications and brought forward as they are required. A sufficient quantity of these articles for immediate use is available in the field hospitals.

38 boxes surgical dressings, reserve.....	pounds..	2,660
130 blankets.....	do.....	767
180 bed sacks.....	do.....	480
6 chests, commode.....	do.....	240
Total weight.....	do.....	4,147

(b) Total weight of reserve medical supply transported on the six wagons allowed, including drivers, forage for all draft animals and mounts, baggage of officers, kits of enlisted personnel, tentage, and rationspounds.. 18,095

Total weight of property not included in above packing list.....pounds.. 4,147

Total weight.....do.... 22,242

(c) In addition to the drivers the two other unmounted enlisted men of the reserve medical supply may be allowed on the wagons when in the judgment of the officer in charge that course is practicable.

THE AMBULANCE COMPANY

865. GENERAL EQUIPMENT, EXCLUSIVE OF DRESSING STATION EQUIPMENT

(a) FURNISHED BY THE MEDICAL DEPARTMENT

<i>Desk, field</i> (par. 895).....	number..	1
<i>Hatchets</i>	do.....	4
<i>Lanterns</i>	do.....	10
Lanterns, glasses for, extra, green.....	do.....	5
Lanterns, glasses for, extra, white.....	do.....	10
Lanterns, wicks for.....	dozen..	6
<i>Litters with slings</i>	number..	20
<i>Pack saddle</i>	do.....	4
<i>Pack saddle, harness for</i>	sets....	4
<i>Pack saddle, panniers for</i>	number..	8
<i>Pouches, Hospital Corps</i> (par. 899).....	do.....	65
<i>Pouches, orderly</i> (par. 900).....	do.....	3
Total weight packed, exclusive of pack saddles, harness, panniers, and pouches, about.....	pounds..	668

(b) FURNISHED BY THE QUARTERMASTER'S DEPARTMENT

<i>Ambulances, complete, with spare parts and accessories</i> (see par. 906).....	number..	12
<i>Ambulance guidons, 28 by 16 inches, on lance staff, as markers</i>	do.....	6
<i>Axes</i>	do.....	6
<i>Axe helvies</i>	do.....	16
<i>Colors, camp, 20 by 18 inches, on lance staff, as markers</i>	do.....	6
<i>Harness, single, sets, lead</i> (par. 908).....	do.....	30
<i>Harness, single, sets, wheel</i> (par. 908).....	do.....	30
<i>Mounts for Hospital Corps</i>	do.....	13
<i>Mules for ambulances and wagons</i>	do.....	60
<i>Mules, pack</i>	do.....	4
<i>Nose bags</i>	do.....	52
<i>Oil, illuminating</i> (see par. 906).....	do.....	2
<i>Pickaxes</i>	number..	2
<i>Pickaxe helvies</i>	do.....	4
<i>Rope, picket</i>	feet....	200
<i>Shovels, long handle</i>	number..	2
<i>Spades</i>	do.....	2

865. GENERAL EQUIPMENT, EXCLUSIVE OF DRESSING STATION EQUIPMENT—Continued

(b) FURNISHED BY THE QUARTERMASTER'S DEPARTMENT—Continued

Tent flies, wall, with poles, for sinks.....	number.....	4
Tents, hospital, complete*.....	do.....	2
Tents, wall, without flies, for officers.....	do.....	2
Wagons, field, complete, with extra parts and accessories (par. 907).....	do.....	3
Total weight, exclusive of transportation.....	pounds.....	988

(c) ADDITIONAL ARTICLES FURNISHED BY THE QUARTERMASTER'S DEPARTMENT

Extra wagon fittings

Bolts, carriage, $\frac{1}{4}$ by 3 inches.....	number.....	25
Bolts, carriage, $\frac{1}{2}$ by 3 inches.....	do.....	25
Bolts, carriage, $\frac{1}{2}$ by $7\frac{1}{2}$ inches.....	do.....	9
Bolts, carriage, $\frac{1}{2}$ by 2 inches.....	do.....	25
Bolts, carriage, $\frac{1}{2}$ by $2\frac{1}{2}$ inches.....	do.....	25
Bolts, carriage, $\frac{1}{2}$ by 5 inches.....	do.....	25
Links, open, $\frac{1}{2}$ -inch, iron.....	do.....	200
Links, open, $\frac{3}{4}$ -inch, iron.....	do.....	200
Total weight, about.....	pounds.....	124

Blacksmiths' and farriers' tools

Anvil, small.....	number.....	1
Apron.....	do.....	1
Chisels:		
Cold and handled.....	do.....	2
Hot (cleaver).....	do.....	1
Cold, hand.....	do.....	1
Clinch cutter (buffer).....	do.....	1
Clinch iron.....	do.....	1
Dividers.....	do.....	1
File, 12-inch, bastard.....	do.....	1
Forge, portable.....	do.....	1
Hammers:		
Hand ball peen.....	do.....	1
Riveting.....	do.....	1
Shoeing.....	do.....	1
Sledge.....	do.....	1
Hardie.....	do.....	1
Knife, farrier's.....	do.....	1
Nippers:		
Pair.....	do.....	1
Hoof, pair.....	do.....	1
Pincers.....	do.....	1
Pritchel.....	do.....	1
Punches, round, hand, assorted.....	do.....	3
Rasps, 16-inch.....	do.....	6
Set stocks and dies, $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, 1, $1\frac{1}{2}$, 2, $2\frac{1}{2}$, and 3-inch.....	do.....	1
Tongs:		
Shoeing, pair.....	do.....	1
Large, pairs.....	do.....	2
Vise, small.....	do.....	1
Wrenches:		
Monkey—		
8-inch.....	do.....	1
12-inch.....	do.....	1
S-wrench.....	do.....	1
And also the following supplies:		
Nails, horseshoe, No. 5.....	do.....	1,000
Nails, horseshoe, No. 6.....	do.....	1,000
Nails, horseshoe, No. 7.....	do.....	500
Shoes, horse, No. 3, front and rear.....	do.....	14
Shoes, horse, No. 4, front and rear.....	do.....	32
Shoes, horse, No. 5, front and rear.....	do.....	14
Shoes, mule, No. 1.....	do.....	20
Shoes, mule, No. 2.....	do.....	50
Shoes, mule, No. 3.....	do.....	90
Shoes, mule, No. 4.....	do.....	40
Total weight, about.....	pounds.....	650

Saddlers' tools and supplies

Awls:		
Collar.....	number.....	1
Round.....	do.....	1
Bench, folding, 72 by 24 inches, legs 37 inches long.....	do.....	1
Blades, awl, and handles, 3 each of 6 sizes.....	do.....	18
Brush, glue, small.....	do.....	1
Can, oil, small.....	do.....	1

*When in permanent camp add ten (10) pyramidal tents for enlisted personnel, and the officers' tentage allowed by Field Service Regulations.

865. GENERAL EQUIPMENT, EXCLUSIVE OF DRESSING STATION EQUIPMENT—Continued

Saddlers' tools and supplies—Continued		
<i>Chest, tool, saddler's combination</i>	number	1
<i>Chisel, cold</i>	do	1
<i>Creaser, iron</i>	do	1
<i>Cup, tin, pint</i>	do	1
<i>Dividers</i>	pair	1
<i>File, rat tail</i>	number	1
<i>Hammers:</i>		
<i>Riveting</i>	do	1
<i>Shoe</i>	do	1
<i>Tack</i>	do	1
<i>Horse, stitching</i>	do	1
<i>Knives:</i>		
<i>Gauge</i>	do	1
<i>Head</i>	do	1
<i>Round</i>	do	1
<i>Shoe</i>	do	1
<i>Nippers, medium</i>	pair	1
<i>Punches:</i>		
<i>Revolving, 6 tubes</i>	number	1
<i>Round, 1 each Nos. 2 and 9</i>	do	2
<i>Pliers, small</i>	pair	1
<i>Rule, 36-inch</i>	number	1
<i>Screw driver, small</i>	do	1
<i>Set, rivet</i>	do	1
<i>Shears</i>	pair	1
<i>Sticker, glass</i>	number	1
<i>Stone, oil</i>	do	1
<i>Thimbles</i>	do	2
<i>Tickler</i>	do	1
<i>Tool:</i>		
<i>Claw</i>	do	1
<i>Edge, common</i>	do	1
<i>Vise, small</i>	do	1
Total weight, about.....	pounds	82
(d) FURNISHED BY THE ORDNANCE DEPARTMENT		
The personal equipment of the men of the Hospital Corps and, when mounted, the horse equipments.		
For list of the former see par. 910; for list of the latter see par. 909.		
(e) FURNISHED BY THE SUBSISTENCE DEPARTMENT		
<i>Range field, No. 1</i>	number	1
Total weight, about.....	pounds	230

866. DRESSING STATION EQUIPMENT

(Ordinarily carried on a wagon, but designed for pack transport in action)

(a) FURNISHED BY THE MEDICAL DEPARTMENT		
<i>Alcohol burners</i>	number	2
<i>Alcohol, denatured, 2-quart tin</i>	tins	10
<i>Basins, white enamel</i>	number	3
<i>Buckets, white enamel, 3 in nest</i>	nest	1
<i>Buckets, galvanized iron</i>	number	4
<i>Calcium carbide, in 2-pound tin, for acetylene hand lamps</i>	tins	30
<i>Cases, bedding and clothing, tent unit (par. 903)</i>	number	2
<i>Cases, emergency (par. 824), carried by sergeants first class and sergeants Hospital Corps</i>	do	3
<i>Case, general operating (par. 811)</i>	do	1
<i>Chest, commode (par. 887)</i>	do	1
<i>Chest, detached service (par. 888)</i>	do	1
<i>Hospital stores, boxes of (par. 896)</i>	do	2
<i>Lamps, acetylene, hand</i>	do	6
<i>Lanterns</i>	do	10
<i>Surgical dressings, reserve, boxes of (par. 884)</i>	do	4
Total weight, packed, about.....	pounds	1,145
(b) FURNISHED BY THE QUARTERMASTER'S DEPARTMENT		
<i>Axes</i>	number	2
<i>Filter, Darnall's</i>	do	1
<i>Powder, hydroxide, for Darnall's filter</i>	cans	24
<i>Tent flies, hospital</i>	number	2
Total weight, about.....	pounds	164

867. WEIGHTS TO BE CARRIED ON WAGONS OF THE AMBULANCE COMPANY

(a) GENERAL EQUIPMENT	
Articles furnished by Medical Department (par. 865a).....	pounds.. 668
Articles furnished by Quartermaster's Department (par. 865b).....	do... 988
Additional articles furnished by Quartermaster's Department (par. 865c).....	do... 856
Articles furnished by Subsistence Department (par. 865e).....	do... 230
(b) DRESSING STATION	
Articles furnished by Medical Department (par. 866a).....	pounds.. 1, 145
Articles furnished by Quartermaster's Department (par. 866b).....	do... 164
(c) FORAGE, RATIONS, AND PERSONAL EQUIPMENT	
Forage for 3 days, at 9 pounds per mule and 12 pounds per horse, less 800 pounds to be carried on pack mules.....	pounds.. 1, 612
Rations, 171 at 3 pounds each.....	do... 513
Field kits, 65 at 12 pounds each.....	do... 780
Surplus kits, 79 at 7 pounds each.....	do... 553
(d) DRIVERS WITH PERSONAL EQUIPMENT, EXCLUSIVE OF RATIONS AND KITS	
3 at 180 pounds each.....	pounds.. 540
(e) OFFICERS' FIELD ALLOWANCE OF BAGGAGE	
2 captains and 3 lieutenants.....	pounds.. 425
Total.....	do... 8, 474

1 19 horses and 64 mules.

DIRECTIONS FOR LOADING THE WAGONS OF THE AMBULANCE COMPANY

868. The following distribution of the loads of the three wagons of the ambulance company should be feasible:

WAGON NO. 1

(Dressing-station supplies)

1 driver and personal equipment.....	pounds.. 180
1 box denatured alcohol.....	do... 56
1 box miscellaneous supplies (2 alcohol burners, 3 basins).....	do... 36
1 bundle buckets.....	do... 20
2 tent units, bedding and clothing.....	do... 264
30 tins calcium carbide.....	do... 60
1 case, general operating.....	do... 14
1 chest commode.....	do... 40
1 chest, detached service.....	do... 100
2 boxes hospital stores.....	do... 200
6 acetylene lamps (in box).....	do... 25
10 lanterns (in box).....	do... 50
4 boxes surgical dressings, reserve.....	do... 280
2 axes.....	do... 10
2 tent flies, hospital.....	do... 60
4 tent flies, wall, with poles, for sinks.....	do... 152
65 field kits, H. C. detachment.....	do... 780
79 surplus kits.....	do... 553
Total weight of load.....	do... 2, 886

WAGON NO. 2

(Company equipment, rations, baggage)

1 driver and personal equipment.....	pounds..	180
171 rations.....	do.	513
1 field range, No. 1.....	do.	230
1 field desk, filled.....	do.	130
4 hatchets.....	do.	8
10 lanterns in box.....	do.	50
1 box of lantern glasses and wicks.....	do.	40
1 bundle guidons and camp colors.....	do.	20
6 axes.....	do.	24
16 axe helvies.....	do.	20
2 pickaxes.....	do.	16
4 pickaxe helvies.....	do.	8
200 feet of picket rope.....	do.	80
2 shovels, long handle.....	do.	12
2 spades.....	do.	10
1 filter, Darnall.....	do.	52
1 box of hydroxide powder.....	do.	36
2 tents, hospital, complete.....	do.	480
2 tents, wall, officers', without flies.....	do.	166
5 officers' field allowance of baggage (2 captains, 3 first lieutenants).....	do.	425
Extra wagon fittings and saddler's tools and supplies listed in par. 865c.....	do.	206
Total weight of load.....	do.	2,706

One wagon No. 2 in each division should carry the wall tent and baggage of the director of ambulance companies, weight..... pounds.. 283
 Wagon No. 2 of another company should carry the officers' mess outfit for four ambulance companies, when provided, weight..... pounds.. 300

WAGON NO. 3

(Forage, etc.)

1 driver and personal equipment.....	pounds..	180
20 litters with slings.....	do.	440
64 draft animals, 19 mounts: Forage for 3 days, 2,412 pounds less 800 pounds carried on 4 pack mules, net.....	pounds..	1,612
Blacksmith's and farrier's tools listed in par. 865c.....	do.	650
Total weight of load.....	do.	2,882

(a) The company commander, when he deems it practicable, may allow one enlisted man on each of the wagons in addition to the driver.

869. METHOD OF PACKING THE DRESSING STATION EQUIPMENT

(Suggestive list for packing on four pack mules—approximate weights only)

	Weight.
Mule No. 1:	
Right (pannier) side—	<i>Pounds.</i>
1 case bedding and clothing, tent unit.....	135
1 axe.....	5
Total.....	140
Left (pannier) side—	
1 case bedding and clothing, tent unit.....	135
1 axe.....	5
Total.....	140
Total weight of pack.....	280
Mule No. 2:	
Right (pannier) side—	
1 box hospital stores (par. 896).....	100
3 buckets, galvanized iron; 3 buckets, white enamel; 2 camp kettles; 3 wash basins, white enamel.....	35
Total.....	135

869. METHOD OF PACKING THE DRESSING STATION EQUIPMENT—Con.

	Weight.
Mule No. 2—Continued.	
Left (pannier) side—	<i>Pounds.</i>
2 boxes, reserve surgical dressings (par. 884).....	120
6 lanterns, in crate.....	15
Total.....	135
Total weight of pack.....	270
Mule No 3:	
Right (pannier) side—	
1 commode chest.....	62
30 tins calcium carbide and 6 acetylene lamps.....	70
1 case general operating and 2 alcohol burners.....	16
Total.....	148
Left (pannier) side—	
2 boxes reserve surgical dressings.....	120
4 tins alcohol, denatured.....	28
Total.....	148
Total weight of pack.....	296
Mule No. 4:	
Right (pannier) side—	
1 chest, detached service.....	100
1 tent fly.....	35
1 tin alcohol, denatured.....	7
Total.....	142
Left (pannier) side—	
1 box hospital stores (par. 896).....	100
1 tent fly.....	35
1 tin alcohol, denatured.....	7
Total.....	142
Total weight of pack.....	284

REGIMENTAL HOSPITAL AND INFIRMARY

(The allowance of expendable articles is ordinarily sufficient for three months)

870.**EQUIPMENT AND WEIGHTS**

	Regi- mental hospital.	Regi- mental infirm- ary.
(a) FIELD CHESTS, CASES, AND CONTAINERS		
Case, bedding and clothing, units, reserve (par. 905).....	units.. 2	1
Case, bedding and clothing, tent units (par. 903).....	do. 2	1
Cases, emergency (par. 824), carried by the sergeant first class and sergeants.....	number 4	4
Case, furniture, tent units (par. 904).....	units.. 2	1
Chest, commode (par. 887).....	number 1	1
Chest, detached service (par. 888).....	do. 1	1
Chest, medical (par. 889).....	do. 1	1
Chest, mess, small (par. 892).....	do. 1	1
Chest, sterilizer (par. 893).....	do. 1	1
Chest, surgical (par. 894).....	do. 1	1
Desk, field (par. 895).....	do. 1	1
Hospital stores, boxes of (par. 896).....	do. 2	1
Medical books, box of (par. 883).....	do. 1	1
Pack saddle.....	do. 1	1
Pack saddle, harness for.....	set.. 1	1
Pack saddle, panniers for.....	number 2	2
Pouches, Hospital Corps (par. 899).....	do. 12	12
Pouches, orderly (par. 900).....	do. 4	4
Surgical dressings, reserve, boxes of (par. 884).....	do. 2	2
Weight (about).....	pounds.. 1.999	742

870.

EQUIPMENT AND WEIGHTS—Continued

	Regi- mental hospital.	Regi- mental infirm- ary.
(b) MISCELLANEOUS		
<i>Basins, wash, hand, white enamel</i>	number	3
<i>Brooms</i>	do	2
<i>Brushes, scrubbing</i>	do	2
<i>Buckets, white enamel, 3 in nest</i>	nest	1
<i>Buckets, galvanized iron</i>	number	3
<i>Candlesticks, metal, folding, sets of 2</i>	sets	2
<i>Cups, spit, paper</i>	dozen	1
<i>Cups, spit, metal frames for</i>	number	4
<i>Halchets</i>	do	1
<i>Lanterns</i>	do	2
<i>Lanterns, glasses for, extra, 3 white, 1 green</i>	do	4
<i>Lanterns, wicks for</i>	dozen	1
<i>Litters with slings</i>	number	8
<i>Paper, toilet</i>	packages	48
<i>Twine, brown, fine</i>	pound	1
Weight (about).....	do	294
(c) ARTICLES FURNISHED BY THE QUARTERMASTER'S DEPARTMENT		
<i>Ambulances, with harness and mules, when regiment is detached</i>	number	3
<i>Ambulance guidons, 28 by 16 inches, on lance staff, as markers</i>	do	3
<i>Axe helvies</i>	do	4
<i>Axes</i>	do	2
<i>Colors, camp, 20 by 18 inches, on lance staff, as markers</i>	do	3
<i>Filter, Darnall</i>	do	1
<i>Flag, Red Cross, with 50-foot halyards</i>	do	1
<i>Flag, National Colors, storm, with 50-foot halyards</i>	do	1
<i>Harness, single, sets, lead (par. 908)</i>	sets	4
<i>Harness, single, sets, wheel (par. 908)</i>	do	4
<i>Mounts, for Hospital Corps</i>	number	8
<i>Mules, for wagons</i>	do	8
<i>Mule, pack</i>	do	1
<i>Nose bags, when ambulances are supplied</i>	do	12
<i>Oil, illuminating</i>	gallons	15
<i>Pickaxe</i>	number	1
<i>Pickaxe helvies</i>	do	2
<i>Pins, tent, large, extra</i>	do	50
<i>Pins, tent, small, extra</i>	do	75
<i>Powder, hydroxide, for Darnall filter</i>	cans	24
<i>Shovel, long handle</i>	number	1
<i>Spade</i>	do	1
<i>Stoves, tent</i> ¹	do	4
<i>Stoves, tent, joints of pipe for</i> ¹	do	24
<i>Straw, for bed sacks, as required (see A. R.)</i>	do	do
<i>Tent fly, wall, with poles, for sink</i>	do	1
<i>Tents, hospital, complete</i> ²	do	3
<i>Tents, wall, without flies, for officers</i>	do	2
<i>Thimbles, for stovepipe, asbestos or metal</i>	do	4
<i>Wagons, complete, field, with spare parts and accessories (see par. 907)</i>	do	4
Weight, about.....	pounds.	1,294
(d) ARTICLES FURNISHED BY THE ORDNANCE DEPARTMENT		
The personal equipment of the men of the Hospital Corps, par. 910, and, where mounted, the horse equipments, par. 909.		
(e) ARTICLES FURNISHED BY THE SUBSISTENCE DEPARTMENT		
<i>Range, field, No. 2</i>	number	1
Weight.....	pounds.	160
Total weight, exclusive of rations, forage, kits, emergency cases, pouches, officers' tentage, and transportation, about.....	pounds.	3,747

¹ Issued when necessary.² When in permanent camp add 3 pyramidal tents for enlisted personnel, and the officers' tentage allowed by Field Service Regulations.³ Two for wards, 1 for dispensary and operating tent.⁴ One wagon to be supplied from base, in addition to that of the regimental infirmary.

DIRECTIONS FOR LOADING THE WAGON OF A REGIMENTAL INFIRMARY

871. The following tables show the method of loading the supplies and equipment of a regimental infirmary:

INFANTRY REGIMENT—WAGON NO. 1

1 driver and personal equipment.....	pounds..	180
1 case, bedding and clothing, tent unit.....	do.....	132
3 chests, medical, detached service, commode.....	do.....	240
1 desk, field.....	do.....	130
1 box hospital stores.....	do.....	100
2 boxes surgical dressings, reserve.....	do.....	140
2 brooms.....	do.....	5
1 box miscellaneous supplies (3 wash basins, 2 candlesticks, metal, 2 lanterns, 4 lantern glasses, 24 toilet paper, 2 scrub brushes, 1 hatchet, 1 dozen lantern wicks, 1 pound twine).....	pounds..	61
8 litters with slings.....	do.....	176
1 bundle buckets.....	do.....	20
1 bundle (3 guidons, 3 camp colors).....	do.....	10
1 box miscellaneous supplies (2 axes, 1 pickax, 1 spade, 4 axe helves, 2 pickaxe helves).....	do.....	31
2 cans oil, illuminating.....	do.....	80
1 shovel, long handle.....	do.....	5
2 hospital tents, complete.....	do.....	480
1 tent fly, wall, with poles and pins, complete for sink.....	do.....	38
1 filter, Darnall.....	do.....	52
1 box hydroxide powder.....	do.....	36
1 range, field.....	do.....	160
48 rations.....	do.....	144
16 field kits.....	do.....	192
24 surplus kits.....	do.....	168
5 animals, draft, forage for 3 days.....	pounds..	135
8 mounts, forage for 3 days.....	do.....	288
		423
Less forage carried by pack animal.....	do.....	200
Total forage on wagon.....	pounds..	223
Total weight of load, infantry.....	do.....	2,803

CAVALRY REGIMENT

Weight of load, wagon No. 1, infantry.....	pounds..	2,803
Add forage for 14 additional mounts.....	pounds..	504
Deduct weight of 14 field kits which will now be carried on mounts.....	do.....	168
Net increase of weight to load.....	pounds..	336
Total weight of load, cavalry.....	do.....	3,139

NOTE.—This method of loading a regimental infirmary is contingent upon the transportation for medical officers' field allowance of baggage, tentage, and forage for mounts being provided by the regimental transportation.

(a) One cook, in addition to the driver, may be allowed on the infirmary wagon, when in the surgeon's judgment the circumstances permit.

METHOD OF PACKING SUPPLIES FOR THE FIRST-AID STATION

872. The following is suggested for the load of the pack mule:

Right (pannier) side:		
1 box reserve surgical dressings.....	pounds..	60
1 tent fly and wind guy rope.....	do.....	37
2 guidons, as markers.....	do.....	3
Total.....	pounds..	100
Left (pannier) side:		
1 box reserve surgical dressings.....	pounds..	60
1 axe, with lantern or candles.....	do.....	7
1 galvanized iron bucket or camp kettle.....	do.....	5
Beef, liquid extract; chocolate, hard; condensed or malted milk.....	do.....	28
Total.....	pounds..	100
Total weight of pack.....	do.....	200

873.

OUTFIT FOR FIELD LABORATORY

(In two chests and one crate)

CHEST No. 1		
Cotton, absorbent, in 1-pound rolls.....	pounds.....	2
Baskets, wire, for test tubes.....	number.....	9
Bucket, copper, for media.....	do.....	1
Bunsen burners.....	do.....	2
Case, pipettes, etc., contents as follows.....	do.....	1
Pipettes, 10 c. c.....	number.....	3
Pipettes, 1 c. c.....	do.....	6
Rods, stirring, glass, large and small.....	do.....	2
Thermometer, laboratory.....	do.....	1
Chimney support (Bunsen burner).....	number.....	1
Dishes, Petri's.....	do.....	24
Paper, filter, Munktell's, No. 1, 20 sheets in package.....	package.....	1
Plate holders, copper.....	number.....	2
Retort stand, 2-ring.....	do.....	1
Sterilizer, Arnold's.....	do.....	1
Test tubes, 9 mm. by 6 cm.....	do.....	75
Test tubes, 15 mm. by 15 cm.....	do.....	225
Towels, hand.....	do.....	12
Tubing, rubber.....	feet.....	12
Water bath, copper.....	number.....	1

CHEST No. 2		
Agar-agar, powdered, in 3-ounce tin.....	tins.....	2
Beef extract, in commercial tins.....	ounces.....	4
Bottles, automatic stopper.....	number.....	8
Bottles, glass stopper, 4-ounce, for the following reagents.....	do.....	8
Acid, nitric, 10 per cent solution.....	bottles.....	1
Acid, sulphuric, 1 per cent solution.....	do.....	1
Acid, sulphuric, concentrated.....	do.....	1
Argenti nitras, saturated solution.....	do.....	1
Diphenylamine, 0.2 per cent solution.....	do.....	1
Naphthylamine, 1 per cent solution.....	do.....	1
Sodium chloride, solution.....	do.....	2
Brushes, test tube.....	number.....	2
Cases, tin, for reagent bottles.....	do.....	8
Colony counter.....	do.....	1
Dextrose, in 3-ounce tin.....	tins.....	4
Funnels, agate ware, assorted.....	number.....	2
Funnel, glass, 500 c. c., fluted.....	do.....	1
Funnel, glass, 6.5 cm.....	do.....	1
Gasometer, for measuring gas production.....	do.....	1
Graduate, glass, 250 c. c.....	do.....	1
Instructions for Water Analysis (Darnall).....	copy.....	1
Jars, Nessler's, 50 c. c.....	number.....	6
Match box.....	do.....	1
Matches, safety.....	boxes.....	24
Lactose, in 12-ounce tin.....	tin.....	1
Paper, filter, 4 inches in diameter.....	packages.....	3
Paper, litmus, blue and red, of each.....	vial.....	1
Pencils, blue, wax.....	number.....	2
Pencils, lead.....	do.....	2
Peptonum siccum, in 3-ounce tin.....	tins.....	4
Racks, zinc, for test tubes, 6 in set.....	set.....	1
Record cards.....	number.....	200
Record book.....	do.....	1
Saline solution, normal, tablets, in 3-ounce tin.....	tins.....	2
Scales and weights, metric.....	set.....	1
Scissors.....	pair.....	1
Soap box.....	number.....	1
Soap, Ivory.....	cakes.....	2
Sodium taurochlorate, in 12-ounce tin.....	tin.....	1
Soda, washing, in 12-ounce tin.....	do.....	1
Stoves, alcohol.....	number.....	2
Stoves, alcohol, extra wicks for.....	do.....	2
Tags, cardboard.....	do.....	50
Tanks, for kerosene and alcohol.....	do.....	2
Tins, as containers.....	do.....	19
Tripod, iron.....	do.....	1
Tubes, rubber, 6-inch, for filling test tubes.....	do.....	2
Tubes, rubber, stopcocks for.....	do.....	2

CRATE No. 3		
Incubator, complete.....	number.....	1
Funnel, agate ware.....	do.....	1
Screw driver.....	do.....	1

BASE SUPPLY DEPOT

874. The character and amount of supplies to be carried by a base supply depot will be fixed by the Surgeon-General.

TRANSPORT COLUMN

875. The supplies and equipment of a transport column will be identical with that of an ambulance company, except that no pack mules or their equipment will be furnished.

The dressing station equipment will be utilized for rest stations.

HOSPITAL SHIPS AND SHIPS FOR PATIENTS

876. These ships will be equipped under special instructions from the Surgeon-General.

HOSPITAL TRAINS AND TRAINS FOR PATIENTS

877. Hospital trains, to consist ordinarily of 10 cars, will be equipped under special instructions from the Surgeon-General.

878. Litter fittings for the conversion of box (freight) cars for hospital purposes are supplied by the Medical Department. These fittings are so assembled as to provide transportation for 24 recumbent patients in each car.

879. OFFICE EQUIPMENT FOR THE CHIEF SURGEON OF A FIELD ARMY, THE CHIEF SURGEON OF A DIVISION, AND THE CHIEF SURGEON, LINE OF COMMUNICATIONS

	Field army.	Division and line of com- muni- cations.
<i>Chairs, folding</i>.....number..	8	6
<i>Desks, field</i> (par. 895).....do..	3	2
<i>Tables, mess, folding</i>.....do..	3	2
<i>Typewriters</i>.....do..	2	2
<i>Case, emergency</i> (par. 824).....do..	1	1
<i>Basins, wash, hand, white enamel</i>.....do..	6	4
<i>Brooms</i>.....do..	3	2
<i>Brushes, scrubbing</i>.....do..	3	2
<i>Buckets, galvanized iron</i>.....do..	3	3
<i>Dippers</i>.....do..	3	3
<i>Haichel</i>.....do..	1	1
<i>Lanterns</i>.....do..	6	4
<i>Lantern wicks</i>.....dozen..	1	1
<i>Matches, safety</i>.....boxes..	144	144
STATIONERY		
<i>Bands, rubber, assorted sizes</i>.....gross..	4	2
<i>Blank books, cap, 4-quire</i>.....number..	4	2
<i>Blank books, 8vo, 4-quire</i>.....do..	4	2
<i>Envelopes, official, large</i>.....do..	100	50
<i>Envelopes, official, letter</i>.....do..	400	200
<i>Envelopes, official, note</i>.....do..	100	50
<i>Erasers, rubber</i>.....pieces..	8	4
<i>Fasteners, paper</i>.....boxes..	4	2
<i>Ink, black, in 4-ounce bottle</i>.....bottles..	4	2
<i>Ink, red, in 1-ounce bottle</i>.....do..	4	2
<i>Mailing tubes</i>.....number..	24	12
<i>Mucilage</i>.....bottles..	4	2
<i>Paper, blotting</i>.....quires..	4	2
<i>Paper, carbon, 50 sheets in box</i>.....box..	1	1
<i>Paper, legal cap</i>.....quires..	12	6
<i>Paper, manifold, 500 sheets in box</i>.....boxes..	3	2
<i>Paper, note</i>.....quires..	4	2
<i>Paper, writing, letter</i>.....do..	24	12
<i>Paper, typewriting, letter</i>.....do..	48	24
<i>Paste, photographer's, in compressible tube, with brush</i>.....tubes..	4	2
<i>Pencils, lead</i>.....number..	48	24
<i>Penholders</i>.....do..	24	12
<i>Pens, steel</i>.....gross..	2	1
BLANK FORMS		
<i>Return of medical officers, Form 46</i>.....number..	36	18
<i>Sanitary inspection report, Form 50b</i>.....do..	24	12
<i>Report of examination, sergeant, Hospital Corps, Form 59</i>.....do..	24	12
<i>Certificate of identity Form 61</i>.....do..	50	25
<i>Information slip</i>.....books..	2	1
<i>Directory card Form 70</i>.....number..	250	125
<i>Correspondence book</i>.....do..	1	1

CONTENTS OF CHESTS, CASES, ETC.

880.

AMBULANCE BOX OF HOSPITAL STORES

(Wooden chest carried in jockey box of ambulance)

Arrowroot, in 1-pound tins.....	tins.....	2
Beef, liquid or extract, in 3-ounce containers.....	containers.....	6
Brandy, in 1-quart bottle.....	bottle.....	1
Can opener.....	number.....	1
Chocolate, sugared, hard, foil-covered cakes.....	pounds.....	3
Condensed milk, unsweetened, or cream, in 1-pound commercial tins.....	tins.....	6
Malted milk, 1-pound bottle.....	bottles.....	2
Matches, safety, in tin box.....	boxes.....	12
Pepper, black, ground, in dredge with screw cap.....	ounce.....	1
Salt, in dredge with screw cap.....	do.....	3
Sugar, granulated, 4-pound tin.....	tin.....	1
Tea, black or green.....	pound.....	$\frac{1}{2}$

881.

AMBULANCE BOX OF SURGICAL DRESSINGS

(Wooden chest carried in jockey box of ambulance)

Antiseptic tablets, 250 in bottle.....	bottle.....	1
Bandages, plaster of Paris, 3-inch, in individual packets.....	number.....	6
Bandages, gauze, compressed, 3 sizes.....	do.....	24
Bottles, 4-ounce, with rubber stoppers.....	do.....	2
Chloroformum, in $\frac{1}{4}$ -pound tin.....	tin.....	1
Cotton, absorbent, sterilized, in 1-ounce package.....	packages.....	8
First-aid packets (par. 898).....	number.....	24
Gauze, sublimated, two $\frac{1}{4}$ -yard lengths in package.....	packages.....	36
Iodum, in 1-gram tube.....	tubes.....	20
Pins, safety.....	dozen.....	4
Plaster, adhesive, zinc, 2 inches by 10 yards.....	spools.....	12

882.

BATHTUB SET

(Iron-bound wooden chest, with two hasps and buttons, weight 75 pounds)

Tub, bath, folding, rubbered duck, 6-foot.....	number.....	1
Tub, bath, folding, rubbered duck, 5 $\frac{1}{2}$ -foot.....	do.....	1

883.

BOX OF MEDICAL BOOKS

(Pine box with hinged lid, hasp, and padlock, weight about 35 pounds)

Contains such works on surgery, practice of medicine, therapeutics, military hygiene, tropical diseases, nursing, and medical field service as may be selected by the Surgeon-General.

The printed list of books on the inside of lid signed by the officer in charge of a supply depot will be the authorized list of contents.

884.

BOX OF SURGICAL DRESSINGS, RESERVE

(Wooden box with hinged lid and hasp, weight about 60 pounds)

Bandages, gauze, compressed, 3 sizes.....	number.....	144
Bandages, plaster of Paris, in individual packets.....	dozen.....	1
Bottles, 4-ounce, with rubber stoppers.....	number.....	4
Cotton, absorbent, sterilized, in 1-ounce package.....	packages.....	44
First-aid packets (par. 898).....	number.....	24
Gauze, sublimated, two $\frac{1}{4}$ -yard lengths in package.....	packages.....	128
Iodum, in 1-gram tube.....	tubes.....	60
Ligatures, silk, braided, sterilized, 3 sizes in package.....	packages.....	24
Pins, safety, 3 sizes.....	dozen.....	6
Plaster, zinc, adhesive, 1 inch by 10 yards.....	spools.....	12
Soap, green, $\frac{1}{4}$ -pound jar in cylindrical wooden case.....	jar.....	1
Splints, wire gauze for.....	yards.....	6
Splints, wood, veneer.....	number.....	12
Tags, diagnosis.....	books.....	10

885.

CASES, OPERATING, SMALL

(In canvas roll or wooden case in detached service chest)

<i>Bistoury, curved, probe-pointed</i>	number	1
<i>Bistoury, straight, sharp-pointed</i>	do.	1
<i>Catheter, male, plated</i>	do.	1
<i>Chisel</i>	do.	1
<i>Director, grooved, with myrtle leaf</i>	do.	1
<i>Elevator and scoop</i>	do.	1
<i>Forceps, bone, corrugated handles, scooped out</i>	do.	1
<i>Forceps, bullet and dressing, combined, Forwood's</i>	do.	1
<i>Forceps, dissecting, mouse-tooth</i>	do.	1
<i>Forceps, hæmostatic</i>	do.	6
<i>Knife, amputating</i>	do.	1
<i>Ligature, horseshair</i>	coil	1
<i>Ligature, silk, 3 sizes in package</i>	package	1
<i>Ligature, silk worm gut</i>	coil	1
<i>Needle, aneurism</i>	number	1
<i>Needle holder</i>	do.	1
<i>Needles, surgical, assorted</i>	dozen	2
<i>Probe, double, silver</i>	number	1
<i>Saw, amputating</i>	do.	1
<i>Scalpels</i>	do.	3
<i>Scissors, curved on flat, with Collins's lock</i>	do.	1
<i>Scissors, straight, with Collins's lock</i>	do.	1

886.

CHEST, ACETYLENE ILLUMINATING OUTFIT

(Brass-bound chest, with hasp and button, weight 74 pounds)

PACKED IN CORNERS OF CHEST		
<i>Canisters, three-cornered, for calcium carbide</i>	number	4
COILED ON TOP OF GENERATOR		
<i>Tube, distributing, rubber, $\frac{3}{4}$-inch</i>	feet	50
PACKED INSIDE ACETYLENE GENERATOR		
<i>Bucket, water, with bail</i>	number	1
<i>Burner tips, acetylene, extra, $\frac{1}{4}$-foot</i>	do.	6
<i>Can, metal, with lid, for holding extra parts</i>	do.	1
<i>Carbide magazine, automatic-feed, screwed inside gas bell</i>	do.	1
<i>Clamps, tent pole, to support distributing pipe</i>	do.	3
<i>Diaphragm, rubber, extra</i>	do.	1
<i>Drop pipe, screw, metal, for operating cluster fixture</i>	do.	1
<i>Drier and filter, acetylene gas</i>	do.	1
<i>Felt, extra, for drier and filter</i>	pieces	2
<i>Fixture and burner, ward, L-shaped</i>	number	1
<i>Fixture and cluster of 4 burners, operating light</i>	do.	1
<i>Funnel, metal, for charging carbide feed magazine</i>	do.	1
<i>Gas bell</i>	do.	1
<i>Heat deflector, for operating light fixture</i>	do.	1
<i>Pincers, gas filter's</i>	do.	1
<i>Pipes, distributing, metal, 2-way, with tube clips</i>	do.	2
<i>Pipe, distributing, metal, 3-way, with stopcock and tube clips</i>	do.	1
<i>Reflector, metal</i>	do.	1
<i>Reflector support, with tube clip</i>	do.	1
<i>Screw driver</i>	do.	1
<i>Washers, extra</i>	do.	6
<i>Water container, outside, with clips</i>	do.	1
<i>White lead, in compressible tube</i>	tubes	1

887.

CHEST COMMODE

(Iron-bound wooden chest, with hinged top, removable bottom, and hasp and button, weight, 62 pounds)

<i>Bedpan, white enamel</i>	number	1
<i>Chamber pot, white enamel</i>	do.	1
<i>Paper, toilet</i>	packages	6
<i>Spit cup, white enamel</i>	number	1
<i>Urinal, white enamel</i>	do.	1

888.

CHEST, DETACHED SERVICE

(Weight about 100 pounds)

This chest is for issue to a regiment, battalion, or smaller organization for field use. Each regiment in the field will ordinarily be issued

one of these chests, in addition to the medical chest and boxes of surgical dressings, listed under paragraphs 889 and 884.

Alcohol, in 12-ounce bottle.....	bottle.....	1
<i>Aprons, rubber, in bag.....</i>	number.....	2
Bands, rubber, in pouch.....	do.....	16
<i>Bag, rubber, hot water and syringe.....</i>	do.....	1
<i>Bag for towels, etc.....</i>	do.....	1
Bandages, gauze, compressed, 3 sizes.....	do.....	80
Bandages, plaster of Paris, in individual packet.....	do.....	6
<i>Basins, rubber, in bag.....</i>	do.....	2
Blank book.....	do.....	1
Boxes, folding, for tablets.....	gross.....	1
Boxes, ointment, in nests of 3.....	nests.....	8
Brushes, hand, scrubbing.....	number.....	6
<i>Case, operating, small (par. 885).....</i>	do.....	1
<i>Catheters, flexible, sizes 17, 20, and 24, French scale, in tin.....</i>	do.....	3
Chloroformum, in 1-pound tin.....	tins.....	3
Corks, for 1-ounce vials.....	number.....	30
Cots, finger, rubber, in pouch.....	do.....	8
Cotton, absorbent, 1-ounce package.....	packages.....	26
<i>Cup, white enamel.....</i>	number.....	1
<i>Forceps, hæmostatic, in case, set of 12 (par. 813).....</i>	set.....	1
<i>Forceps, tooth-extracting, in case, set of 3.....</i>	do.....	1
Gauze, sublimated, two half-yard lengths in package.....	packages.....	40
<i>Gloves, rubber, in pouch.....</i>	pairs.....	2
<i>Inhaler, chloroform, Esmarch's.....</i>	number.....	1
<i>Iodoform, sprinkler, filled.....</i>	do.....	1
Iodum, in 1-gram tube.....	tubes.....	20
Labels for vials.....	gross.....	$\frac{1}{2}$
Ligature, catgut, sterilized, 3 sizes in package.....	packages.....	10
Ligature, silk, sterilized, 3 sizes in package.....	do.....	15
Magnesi sulphas, 3 pounds in tin.....	tin.....	1
Matches, safety.....	boxes.....	6
Medicine glass, in wooden case.....	number.....	1
<i>Mortar and pestle.....</i>	do.....	1
Pencils, lead.....	do.....	2
Pencils, camel's-hair.....	do.....	12
Petrolatum, in 12-ounce tin.....	tins.....	2
Phenol, cryst., in 12-ounce bottle.....	bottle.....	1
Pins, common.....	paper.....	1
Pins, safety.....	dozen.....	2
Plaster, zinc, adhesive, 1 inch by 10 yards.....	spools.....	3
Plaster, sinapis, 4 yards by 6 inches in tin.....	tin.....	1
<i>Pouch for gloves, etc.....</i>	number.....	1
<i>Razor.....</i>	do.....	1
<i>Razor strop.....</i>	do.....	1
<i>Scissors.....</i>	do.....	1
Soap, germicidal.....	cakes.....	2
Soap box.....	number.....	1
<i>Spatula.....</i>	do.....	1
<i>Spoons, tea.....</i>	do.....	1
<i>Syringe, hypodermic, with 6 tubes of tablets, 2 needles, and bundle of wires for needles.....</i>	do.....	1
<i>Syringe, hypodermic, extra needles for.....</i>	do.....	12

TABLETS

Acetphenetidinum (Phenacetin), 324-mgm., 725 in 12-ounce tin.....	tin.....	1
Antiseptic, 350 in 12-ounce tin.....	do.....	1
Bismuthi subnitras, 324-mgm., 725 in 12-ounce tin.....	tins.....	2
Glycyrrhizæ mistura composita, 3,600 in 12-ounce tin.....	tin.....	1
<i>Ilydargyri chloridum mife, 32-mgm., 2,000 in amber-colored glass bottle.....</i>	bottle.....	1
Hypodermic, apomorphinæ hydrochloridum, 6-mgm.....	tubes.....	3
Hypodermic, atropinæ sulphas, 0.65-mgm.....	do.....	7
Hypodermic, cocainæ hydrochloridum, 10-mgm.....	do.....	7
Hypodermic, digitalinum, 1-mgm.....	do.....	10
Hypodermic, glycerylis nitras (nitroglycerin), 0.65-mgm.....	do.....	8
Hypodermic, morphinæ sulphas, 8-mgm.....	do.....	45
Hypodermic, quininæ hydrochlorosulphas, 32-mgm.....	do.....	10
Hypodermic, strychninæ sulphas, 1-mgm.....	do.....	27
Linimentum rubefaciens, 200 in 12-ounce tin.....	tin.....	1
Pilulæ camphoræ et opii, 875 in 12-ounce tin.....	tins.....	2
Pilulæ catharticæ compositæ, 1,200 in 12-ounce tin.....	do.....	2
Potassii bromidum, 324-mgm., 400 in amber-colored glass bottle.....	bottle.....	1
Quininæ sulphas, 200-mgm., 1,200 in 12-ounce tin.....	tins.....	3
Sodii salicylas, 324-mgm., 725 in 12-ounce tin.....	tin.....	1

MISCELLANEOUS

Tags, diagnosis.....	books.....	2
Thermometers, clinical.....	number.....	6
<i>Tins, enameled, as containers.....</i>	do.....	19
<i>Tongue depressor.....</i>	do.....	1
<i>Tourniquet and bandage, rubber.....</i>	do.....	1
Towels, hand, in bag.....	do.....	6
Tubes, drainage, 2 sizes, in tin.....	pieces.....	2
Vials, 1-ounce.....	number.....	6

889.

CHESTS, MEDICAL

(Weight about 100 pounds)

Alcohol, in 8-ounce bottle	bottles	2
Ammonia spiritus aromaticus, in 8-ounce bottle	bottle	1
Amylis nitris pearls, 1 dozen in box	box	1
Argenti nitras fusus, in tin	tin	1
Atomizer, hand	number	1
Bag, for towels, etc.	do.	1
Bags, rubber, hot water and syringe	do.	2
Blank book	do.	1
Boxes, folding, for tablets	gross	3
Boxes, ointment, nests of 3	nests	8
Corkscrew	number	1
Corks, for vials, in bag	do.	54
Cups, white enamel	do.	2
Emplastrum belladonnae, 2 yards by 6 inches in tin	tins	2
Emplastrum cantharidis, 1 yard by 6 inches in tin	tin	2
Emplastrum sinapis, 4 yards by 6 inches in tin	tins	2
Graduate, in cardboard case	number	1
Glycerinum, in 8-ounce bottle	bottle	1
Iodum, 1-gram tube	tubes	20
Labels for vials	gross	4
Magnesi sulphas, 3 pounds in tin	tins	2
Matches, safety	boxes	6
Medicine droppers	number	6
Medicine glass, with cover	do.	1
Mortar and pestle	do.	1
Opil tinctura, in 8-ounce bottle	bottle	1
Paper, litmus, blue and red, of each	book	1
Pencils, camel's-hair	number	12
Pencils, lead	do.	2
Petrolatum, in 12-ounce tin	tins	2
Pill tile	number	1
Spatula	do.	1
Spoon, tea	do.	1
Stethoscope, double	do.	1
Stomach tubes	do.	2
Syringes, hypodermic, with 6 tubes of tablets, 2 needles, and 1 bundle of wires for needles	do.	2
Syringe, hypodermic, extra needles for	do.	12
Syringes, penis, glass, in wooden cases	do.	6
Syringe, rectal, hard rubber	do.	1

TABLETS

Acetphenetidinum (Phenacetin), 324-mgm., 725 in 12-ounce tin	tins	2
Acidum, boricum, 324-mgm., 750 in 12-ounce tin	tin	1
Ammonii chloridi trochisci, 350 in 12-ounce tin	do.	1
Antiseptic, 350 in 12-ounce tin	do.	1
Arseni trioxidum, 1-mgm., 875 in 3-ounce tin	do.	1
Bismuthi subnitras, 324-mgm., 725 in 12-ounce tin	tins	2
Caffeina citrata, 65-mgm., 875 in 3-ounce tin	tin	1
Chloralum hydratum, 324-mgm., 450 in amber-colored glass bottle	bottle	1
Codeina, 32 mgm., 875 in 3-ounce tin	tin	1
Digitalis tinctura, 0.3 c. c., 800 in 3-ounce tin	do.	1
Glycyrrhizæ mistura composita, 3,600 in 12-ounce tin	do.	1
Hydrargyri chloridum mife, 32-mgm., 2,000 in amber-colored glass bottle	bottle	1
Hydrargyri iodidum flavum, 10-mgm., 875 in 3-ounce tin	tin	1
Hypodermic, apomorphinæ hydrochloridum, 6-mgm.	tubes	3
Hypodermic, atropinæ sulphas, 0.65-mgm.	do.	7
Hypodermic, cocainæ hydrochloridum, 10-mgm.	do.	7
Hypodermic, digitalinum, 1-mgm.	do.	10
Hypodermic, glyceryll nitras (nitroglycerin), 0.65-mgm.	do.	8
Hypodermic, hyoscinæ hydrobromidum, 0.65-mgm.	do.	3
Hypodermic, morphinæ sulphas, 8-mgm.	do.	40
Hypodermic, quininæ hydrochlorosulphas, 32-mgm.	do.	10
Hypodermic, strychninæ sulphas, 1-mgm.	do.	22
Ipecacuanha, 65-mgm. tablets, 875 in 3-ounce tin	tin	1
Ipecacuanha et opil pulvis, 324-mgm., 700 in 12-ounce tin	do.	1
Linimentum rubefaciens, 200 in 12-ounce tin	do.	1
Phenylis salicylas (salol), 324-mgm., 350 in amber-colored bottle	bottle	1
Pilulæ aloini compositæ, 875 in 3-ounce tin	tin	1
Pilulæ camphoræ et opil, 875 in 12-ounce tin	tins	2
Pilulæ catharticæ compositæ, 1,200 in 12-ounce tin	do.	2
Plumbi acetat, 130-mgm., 875 in 3-ounce tin	tin	1
Potassii iodidum, 324-mgm., 400 in amber-colored glass bottle	bottle	1
Quininæ sulphas, 200-mgm., 1,200 in 12-ounce tin	tins	4
Sodii bicarbonas, 324-mgm., 1,200 in 12-ounce tin	tin	1
Sodii bicarbonas et mentha pip., 1,200 in 12-ounce tin	do.	1
Sodii salicylas, 324-mgm., 725 in 12-ounce tin	do.	1
Sulphonmethanum (Sulphonal), 324-mgm., 725 in 12-ounce tin	do.	1
Zinci sulphas, 324-mgm., 240 in 3-ounce tin	do.	1

889.

CHESTS, MEDICAL—Continued

MISCELLANEOUS		
<i>Tape measure</i>	number.....	1
<i>Test tubes, 3 in nest</i>	nests.....	2
<i>Thermometers, clinical</i>	number.....	4
<i>Tins, enameled</i>	do.....	36
<i>Tongue depressor</i>	do.....	1
<i>Towels, hand</i>	do.....	6
<i>Trusses, single, either side</i>	do.....	3
<i>Vials, empty, 1-ounce</i>	do.....	12

890.

MESS OUTFIT, FIELD, FOR 108 PATIENTS

(In two iron-bound chests, aggregate weight about 350 pounds)

(a) KITCHEN UTENSILS		
<i>Batter whip and mixer</i>	number.....	1
<i>Biscuit cutter, rotary</i>	do.....	1
<i>Bread board</i>	do.....	1
<i>Cake turner</i>	do.....	1
<i>Can openers</i>	do.....	2
<i>Chopper, large, meat and vegetable</i>	do.....	1
<i>Cleaver, butcher's</i>	do.....	1
<i>Clothes line, 50 feet</i>	hank.....	1
<i>Cookbook, army</i>	number.....	1
<i>Corkscrew and opener</i>	do.....	1
<i>Dipper</i>	do.....	1
<i>Dishes, vegetable and pudding</i>	do.....	6
<i>Egg whisk</i>	do.....	1
<i>"Emergency Diet for the Sick," Munson</i>	copy.....	1
<i>Forks, flesh</i>	number.....	4
<i>Forks, steel, triple-plated</i>	do.....	100
<i>Hatchet, claw</i>	do.....	1
<i>Knife, butcher's</i>	do.....	1
<i>Knife and saw, combination</i>	do.....	1
<i>Knives, steel, triple-plated</i>	do.....	100
<i>Ladle, soup</i>	do.....	1
<i>Lantern</i>	do.....	1
<i>Masher, potato</i>	do.....	1
<i>Match box</i>	do.....	1
<i>Mill, coffee</i>	do.....	1
<i>Nail box, filled</i>	do.....	1
<i>Nutmeg grater</i>	do.....	1
<i>Platters, meat</i>	do.....	6
<i>Pot chain and scraper</i>	do.....	1
<i>Sickle</i>	do.....	1
<i>Soap box</i>	do.....	1
<i>Spice box, with 6 cans</i>	do.....	1
<i>Spoons, serving</i>	do.....	4
<i>Spoons, steel, triple-plated</i>	do.....	100
<i>Squeezer, lemon</i>	do.....	1
<i>Steel, butcher's</i>	do.....	1
<i>Tea steeper</i>	do.....	1
<i>Tea strainer</i>	do.....	1
<i>Towels, dish</i>	do.....	12
<i>Trays, serving</i>	do.....	6
<i>Wire, annealed</i>	coil.....	1
<i>Wire cutter and pliers</i>	number.....	1

(b) TABLEWARE		
<i>Bowls, enamel ware</i>	number.....	106
<i>Pitcher, large, enamel ware</i>	do.....	1
<i>Pitcher, small, enamel ware</i>	do.....	1
<i>Plates, enamel ware</i>	do.....	106
<i>Saucers, enamel ware</i>	do.....	106
<i>Shakers, glass, salt and pepper, of each</i>	do.....	6

Owing to the great weight of the field mess outfit, it has been found advisable to pack the articles in two chests. The new chests will not be issued as long as the old chests are serviceable.

891.

CHEST, MESS, LARGE, FOR 108 PATIENTS

(Iron-bound wooden chest, with four handles, two hasps, and buttons; weight 370 pounds)

Batter whip and mixer.....	number.....	1
Biscuit cutler, rotary.....	do.....	1
Bowls, enamel ware.....	do.....	106
Bread board.....	do.....	1
Cake turner.....	do.....	1
Can openers.....	do.....	1
Chopper, large, meat and vegetable.....	do.....	2
Cleaver, butcher's.....	do.....	1
Clothes line, 50 feet.....	do.....	1
Cookbook, army.....	hank.....	1
Corkscrew and opener.....	number.....	1
Dipper.....	do.....	1
Dishes, vegetable and pudding, enamel ware.....	do.....	6
Egg whisk.....	do.....	1
"Emergency Diet for the Sick," Munson.....	copy.....	1
Forks, flesh.....	number.....	4
Forks, steel, triple-plated.....	do.....	100
Hatchet, claw.....	do.....	1
Knife, butcher's.....	do.....	1
Knife and saw, combination.....	do.....	1
Knives, steel, triple-plated.....	do.....	100
Ladle, soup.....	do.....	1
Lantern.....	do.....	1
Masher, potato.....	do.....	1
Match box.....	do.....	1
Mill, coffee.....	do.....	1
Nail box, filled.....	do.....	1
Nutmeg grater.....	do.....	1
Pitcher, large, enamel ware.....	do.....	1
Pitcher, small, enamel ware.....	do.....	1
Plates, enamel ware.....	do.....	106
Platters, meat.....	do.....	6
Pot chain and scraper.....	do.....	1
Saucers, enamel ware.....	do.....	106
Shakers, glass, salt and pepper, of each.....	do.....	6
Sickle.....	do.....	1
Soap box.....	do.....	1
Spice box, with 6 cans.....	do.....	1
Spoons, serving.....	do.....	4
Spoons, triple-plated.....	do.....	100
Squeezer, lemon.....	do.....	1
Steel, butcher's.....	do.....	1
Tea steeper.....	do.....	1
Tea strainer.....	do.....	1
Towels, dish.....	do.....	12
Trays, serving.....	do.....	6
Wire, annealed.....	coil.....	1
Wire cutter and pliers.....	number.....	1

892.

CHEST, MESS, SMALL, FOR 25 PATIENTS

(Iron-bound wooden chest, with four handles, two hasps, and buttons; weight, 225 pounds)

Batter whip and mixer.....	number.....	1
Biscuit cutler, rotary.....	do.....	1
Bowls, enamel ware.....	do.....	29
Bread board.....	do.....	1
Cake turner.....	do.....	1
Can opener.....	do.....	1
Chopper, meat and vegetable.....	do.....	1
Cleaver, butcher's.....	do.....	1
Clothes line, 50 feet.....	hank.....	1
Cookbook, army.....	number.....	1
Corkscrew and opener.....	do.....	1
Dipper.....	do.....	1
Dishes, vegetable, enamel ware.....	do.....	4
Egg whisk.....	do.....	1
"Emergency Diet for the Sick," Munson.....	copy.....	1
Forks, flesh.....	number.....	2
Forks, steel, triple-plated.....	do.....	25
Hatchet, claw.....	do.....	1
Knife, butcher's.....	do.....	1
Knife and saw, combination.....	do.....	1
Knives, steel, triple-plated.....	do.....	25
Ladle, soup.....	do.....	1
Lantern.....	do.....	1
Masher, potato.....	do.....	1
Match safe.....	do.....	1
Mill, coffee.....	do.....	1
Nail box, filled.....	do.....	1

892.

CHEST, MESS, SMALL, FOR 25 PATIENTS—Continued

<i>Nutmeg grater, patent</i>	number	1
<i>Pitcher, large, enamel ware</i>	do.	1
<i>Pitcher, small, enamel ware</i>	do.	1
<i>Plates, enamel ware</i>	do.	29
<i>Platters, meal</i>	do.	4
<i>Pot chain and scraper</i>	do.	1
<i>Saucers, deep, agate ware</i>	do.	25
<i>Shakers, glass, salt and pepper, of each</i>	do.	4
<i>Soap box</i>	do.	1
<i>Spice box, with 6 cans</i>	do.	1
<i>Spoons, serving</i>	do.	4
<i>Spoons, steel, triple-plated</i>	do.	25
<i>Squeezer, lemon</i>	do.	1
<i>Steel, butcher's</i>	do.	1
<i>Tea steeper</i>	do.	1
<i>Tea strainer</i>	do.	1
<i>Towels, dish</i>	do.	8
<i>Trays, serving</i>	do.	4
<i>Wire, annealed</i>	coil	1
<i>Wire cutter and pliers</i>	number	1

893.

CHEST, STERILIZER

(Weight about 100 pounds)

<i>Aprons, rubber</i>	number	3
<i>Bands, rubber</i>	do.	32
<i>Basins, rubber</i>	do.	4
<i>Brushes, hand, scrubbing</i>	do.	6
<i>Corks, extra, for 8-ounce bottles</i>	do.	6
<i>Cots, finger, rubber</i>	do.	16
<i>Funnel, agate ware</i>	do.	1
<i>Gloves, rubber, sizes 8 and 9</i>	pairs	8
<i>Gowns, operating</i>	number	6
<i>Matches, safety</i>	boxes	6
<i>Phenol, crystalized, 8 ounces in bottle</i>	bottles	4
<i>Pouches, for gloves, etc</i>	number	2
<i>Soap box, metal, small</i>	do.	1
<i>Soap, germicidal</i>	cakes	5
<i>Soap, green, in $\frac{1}{2}$-pound jar in cylindrical wooden case</i>	jars	2
<i>Sterilizer</i>	number	1
<i>Stove, alcohol, or Bunsen burner</i>	do.	1
<i>Tank for alcohol</i>	do.	1
<i>Tool, universal</i>	do.	1
<i>Towels, hand</i>	do.	24
<i>Trays, instrument, nested</i>	do.	2

894.

CHEST, SURGICAL

(Weight about 100 pounds)

<i>Alcohol, in 24-ounce bottle</i>	bottles	2
<i>Bag for towels, etc</i>	number	1
<i>Bags, rubber, hot water and syringe</i>	do.	2
<i>Bandages, gauze, compressed, 3 sizes</i>	do.	72
<i>Bandages, suspensory</i>	do.	4
<i>Blank book</i>	do.	1
<i>Bougies, Nos. 11, 13, 15, 17, 20, and 22, French scale, in tin</i>	do.	6
<i>Brandy, in 24-ounce bottle</i>	bottles	2
<i>Case, aspirating (par. 821)</i>	number	1
<i>Case, pocket, with cover (par. 812)</i>	do.	1
<i>Case, tooth-extracting, six dental forceps and one elevator</i>	do.	1
<i>Catheters, flexible, sizes 15, 17, 18, 20, 22, 24, French scale, in tin</i>	do.	6
<i>Chloroformum, $\frac{1}{4}$-pound tin</i>	tins	16
<i>Corkscrew</i>	number	1
<i>Corks, extra, for 24-ounce bottle</i>	do.	6
<i>Cotton, absorbent, in 1-ounce package</i>	packages	8
<i>Cups, white enamel</i>	number	2
<i>Gauze, sublimated, two $\frac{1}{2}$-yard lengths in package</i>	packages	48
<i>Inhaler, chloroform, Esmarch's</i>	number	1
<i>Iodoform sprinkler, filled</i>	do.	1
<i>Ligature, catgut, sterilized, 3 sizes in package</i>	packages	20
<i>Ligature, silk, sterilized, 3 sizes in package</i>	do.	40
<i>Matches, safety</i>	boxes	6
<i>Needles, common, assorted</i>	paper	1
<i>Pencils, lead</i>	number	6
<i>Petrolatum, in 12-ounce tin</i>	tins	2
<i>Pins, common</i>	papers	2

894.

CHEST, SURGICAL—Continued

Pins, safety.....	dozen.....	8
Plaster, adhesive, zinc, 1 inch by 10 yards.....	spools.....	6
Plaster, isinglass, in 1-yard roll.....	roll.....	1
Razor.....	number.....	1
Razor strop.....	do.....	1
Scissors.....	do.....	1
Sodii carbonas monohydratus, $\frac{1}{2}$ pound in 12-ounce tin.....	tin.....	1
Speculum, rectal.....	number.....	1
Sponge holders, throat.....	do.....	2
Syringe, hypodermic, with 6 tubes tablets, 2 needles, and 1 bundle wires for needles.....	do.....	1
Syringe, hypodermic, extra needles for.....	do.....	12

TABLETS

Antiseptic, 350 in 12-ounce tin.....	tin.....	1
Hypodermic, apomorphinae hydrochloridum, 6-mgm.....	tubes.....	3
Hypodermic, atropinae sulphas, 0.65-mgm.....	do.....	5
Hypodermic, cocainae hydrochloridum, 10-mgm.....	do.....	7
Hypodermic, digitalinum, 1-mgm.....	do.....	8
Hypodermic, glycerylis nitras (nitroglycerin), 0.65-mgm.....	do.....	7
Hypodermic, morphinae sulphas, 8-mgm.....	do.....	30
Hypodermic, quiniinae hydrochlorosulphas, 32-mgm.....	do.....	5
Hypodermic, strychninae sulphas, 1-mgm.....	do.....	15
Saline solution, normal (par. 806), 150 in 12-ounce tin.....	tin.....	1

MISCELLANEOUS

Tags, diagnosis.....	books.....	4
Thermometers, clinical.....	number.....	4
Thread, cotton.....	spool.....	1
Tins, enameled.....	number.....	6
Tourniquets and bandages, rubber.....	do.....	2
Towels, hand.....	do.....	6
Tubes, drainage, 2 sizes, in tin.....	pieces.....	2

895.

DESK, FIELD

(Weight, 130 pounds)

(a) STATIONERY

Bands, rubber, assorted sizes.....	gross.....	$\frac{1}{2}$
Book, blank, 8vo, 4-quire.....	number.....	1
Envelopes, official, large.....	do.....	25
Envelopes, official, letter.....	do.....	100
Envelopes, official, note.....	do.....	50
Eraser, rubber.....	piece.....	1
Eraser, steel.....	number.....	1
Ink, black.....	bottles.....	2
Ink, red.....	do.....	1
Pads, letter.....	number.....	2
Pads, prescription.....	do.....	2
Paper, blotting.....	pieces.....	4
Paper fasteners.....	box.....	1
Paper, writing, legal cap.....	quires.....	2
Paper, writing, letter.....	do.....	4
Paper, writing, note.....	do.....	2
Paste, stenographer's, in compressible tubes, with brush.....	tube.....	1
Pencils, lead.....	number.....	4
Pens, steel.....	do.....	24
Penholders.....	do.....	2
Ruler.....	do.....	1

(b) MANUALS, ETC., GENERAL STAFF

Army Regulations.....	copy.....	1
Drill Regulations for the Hospital Corps.....	do.....	1
Field Service Regulations.....	do.....	1
Manual for the Medical Department.....	do.....	1
Manual for Courts-Martial.....	do.....	1
Manual for the Quartermaster's Department.....	do.....	1
Manual for the Pay Department.....	do.....	1
Manual for the Subsistence Department.....	do.....	1

(c) BLANKS, MEDICAL DEPARTMENT

Voucher for supplies bought or services hired, Form 5.....	number.....	6
Pay roll of employees, Form 6.....	do.....	3
Memorandum of pay roll of employees, Form 6a.....	do.....	3
Invoice of articles purchased, Form 12.....	do.....	6
Account of sales, Form 15.....	do.....	4

(c) BLANKS, MEDICAL DEPARTMENT—Continued

Inventory of articles sold, Form 16	number	6
Return of medical property, front, card, Form 17	do.	5
Return of medical property, original, white, Form 17a	do.	800
Return of medical property, retain, blue, Form 17b	do.	800
Return of medical property, back, card, Form 17c	do.	5
Invoice of or receipt for medical supplies delivered to Quartermaster's Department for transportation, Form 19	number	6
Invoice of medical supplies, field, Form 24	do.	6
Receipt for medical supplies, field, Form 27	do.	6
Invoice of or receipt for medical supplies, Form 28	do.	16
Packer's list, Form 32	do.	6
Requisition for medical supplies, Form 35	do.	20
Requisition for blanks, Form 37	do.	6
Return of the Hospital Corps, Form 47a	do.	6
Application for transfer to the Hospital Corps, Form 48	do.	6
Statement of the hospital fund, Form 49	do.	6
Employee's certificate of indebtedness for hospital service, Form 49a	do.	6
Monthly sanitary report, Form 50	do.	6
Report of sick and wounded, sheet, Form 51	do.	8
Report of sick and wounded, nominal check list, sheet 1, Form 51a	do.	8
Report of sick and wounded, nominal check list, sheet 2, Form 51a	do.	8
Register and report card, Form 52	do.	500
Index to register of patients, card, Form 52a	do.	250
Information slip book, Form 68	do.	1
Mess account, Form 74	do.	6
Prescription file book, Form 77	do.	1
Syphilitic register, Form 78	do.	10
Daily field report of sanitary personnel and transportation, Form 82	do.	50
Daily field report of patients, Form 83	do.	50

(d) BLANKS, ADJUTANT GENERAL'S DEPARTMENT

Notification of discharge, Form 3	number	6
Statement of service, Form 15	do.	6
Certificate of disability for discharge, Form 17	do.	6
Trimonthly report of enlistments, Form 18	do.	8
Discharge certificate, without honor, Form 19	do.	4
Discharge certificate, dishonorable, Form 20	do.	4
Enlistment paper, Form 22	do.	6
Descriptive and assignment card, Form 25	do.	6
Descriptive list, Form 29	do.	50
Inventory of effects of deceased soldier, Form 34	do.	12
Final statement, Form 62	do.	12
Muster roll, Hospital Corps, Form 63	do.	6
Furlough, Form 66	do.	6
Report of desertion, slips, Form 87	book	1
Report of physical examination of a recruit, Form 135	number	6
Medical certificate for leave of absence, Form 143	do.	6
Return of casualties in action, Form 149	do.	6
Report of survey, Form 196	do.	6
Discharge certificate, honorable, Form 203	do.	6
Identification record card, Form 260	do.	6
Photograph and negative jacket, Form 261	do.	6
Monthly report of the medical examination of applicants for enlistment, Form 265	do.	8
Morning report of detachment, Form 332	do.	6
Daily sick report, Form 339	do.	6
Requisition for books and blanks, Form 383	do.	8
Report of death and disposal of remains, Form 415	do.	6
Correspondence book	do.	1

(e) BLANKS, QUARTERMASTER'S DEPARTMENT

Return of quartermaster's supplies, front, card, Form 27	number	5
Return of quartermaster's supplies, original, white, Form 27a	do.	800
Return of quartermaster's supplies, retain, blue, Form 27b	do.	800
Return of quartermaster's supplies, back, card, Form 27c	do.	5
Requisition for fuel, Form 38	do.	8
Requisition for forage, straw, and mineral oil, Form 38a	do.	8
Requisition for stationery, Form 41	do.	8
Monthly list of quartermaster supplies expended, Form 43	do.	8
List of articles lost or destroyed, Form 44	do.	8
Special requisition for public animals, Form 48	do.	8
Estimate of clothing and equipage, Form 53	do.	8
Statement of charges on muster and pay rolls, Form 56	do.	8
Estimate of quartermaster supplies required, Form 60	do.	8
Requisition for clothing and equipage, Form 65	do.	4
Official telegram, Form 87	pad	1
Invoice of or receipt for quartermaster property transferred Form 117	number	8

(f) BLANKS, SUBSISTENCE DEPARTMENT

Voucher for commutation of rations soldiers in hospital, etc., Form 3	number	8
Ration returns, Form 24	books	2

895.

DESK, FIELD—Continued

(g) BLANKS, ORDNANCE DEPARTMENT

Return of ordnance and ordnance stores:		
Cover, front and back, Form 18	number..	5
Inside sheets, Form 18a	do.....	12
Certificate of expenditures, material, Form 19	do.....	8
Statement of charges on muster and pay rolls, Form 86	do.....	8
Monthly report of charges on muster and pay rolls, Form 94	do.....	8
Invoice of or receipt for ordnance property transferred, Form 146	do.....	8
Requisition for ordnance and ordnance stores, Form 386	do.....	8

(h) BLANKS, PAY DEPARTMENT

Notification of soldiers' deposits, Form 4	number..	8
Allotment of pay, Forms 18 and 18a	books..	2
Pay roll, Form 28a	number..	2
Pay roll, extra sheets, Form 28j	do.....	16
Deposit book, Form 41	do.....	8

(i) BLANKS, INSPECTOR GENERAL'S DEPARTMENT

Inventory and inspection report, Form 1	number..	6
Insert for same, Form 1a	do.....	20

(j) POUCH FOR BLANKS

<i>Pouch, canvas-lined, waterproof, to be used for carrying blanks, stationery, etc., when conditions are such that the field desk can not be taken</i>	number..	1
<i>Tubes, japanned tin, with close-fitting covers, nest of 4, as containers for stationery, etc., in pouch .. nest ..</i>	nest..	1
Sizes of tins as follows:		
One 2½ inches diameter and 11 inches long.		
One 2 inches diameter and 10½ inches long.		
One 1½ inches diameter and 10 inches long.		
One 1 inch diameter and 9 inches long.		

896

HOSPITAL STORES, BOX OF

(Wooden box with hinged lid and hasp, weight about 100 pounds)

Arrowroot, in 4-pound tin	tin..	1
Beef, soluble, liquid or extract, in 100 c. c. containers	containers..	12
Can opener	number..	1
Candles, 6 to the pound	do.....	15
Chocolate, sugared, hard, in foil-covered cakes	pounds..	2
Cinnamon, ground, in commercial tin	ounces..	2
Condensed milk, unsweetened, or cream, in 1-pound commercial tin	tins..	9
Malted milk, in 1-pound bottle	pounds..	7
Nutmeg, whole	ounces..	2
Pepper, black, ground, in glass shaker	do.....	1
Rolled oats, or equivalent preparation	pounds..	6
Salt, table, in glass shaker	ounces..	4
Sugar, granulated	pounds..	12
Soup, mock turtle or ox tail, in 1-pound tin	tins..	12
Tea, green or black	pounds..	1

897.

MICROSCOPICAL OUTFIT, FIELD

One folding microscope and one accessory case, both in a rectangular harness-leather case 12 by 8 by 7½ inches, with handle, are allowed to each field hospital, and, in addition, one field microscopical supply case.

(a) MICROSCOPE

(In hardwood case, with lock and two keys)

<i>Folding microscope, with Abbe condenser and stage iris</i>	number.	1
<i>Triple nose piece</i>	do.	1
<i>Oculars, Nos. 2 and 4</i>	do.	2
<i>Objectives, Nos. 3 and 6, and ½-inch oil immersion</i>	do.	3
<i>Bottle of immersion oil, in case</i>	do.	1

(b) ACCESSORY CASE TO FOLDING MICROSCOPE

(Hardwood case, with lock and key)

<i>Blood stain, Wright's, 2 ounces in glass stopper, wide mouth bottle</i>	bottle.	1
<i>Bottle, glass stopper, wide mouth, for cover glasses in alcohol</i>	number.	1
<i>Bottle, glass stopper, wide mouth, for slides in alcohol</i>	do.	1
<i>Cover glasses, No. 1, ¼-inch square</i>	ounce.	2
<i>Filter paper, Munktell's, No. 1 F</i>	package.	1
<i>Forceps, cover glass, Cornet's</i>	pairs.	2
<i>Forceps, straight, medium, fine</i>	pair.	1
<i>Forceps, straight, medium, heavy</i>	do.	1
<i>Gabbet's fluid, 2 ounces in glass stopper, narrow mouth bottle</i>	bottle.	1
<i>Labels, ¼-inch square, for slides</i>	box.	1
<i>Lamp, alcohol</i>	number.	1
<i>Lancet, blood</i>	do.	1
<i>Loop, platinum, with handle</i>	do.	1
<i>Medicine droppers, straight</i>	do.	3
<i>Needle, platinum, with handle</i>	do.	1
<i>Pencil, glass, blue wax</i>	do.	1
<i>Pencil, lead</i>	do.	1
<i>Slides, glass, 3 by 1 inch</i>	dozen.	2
<i>Stain, carbol-fuchsin, 2 ounces in glass stopper narrow mouth bottle</i>	bottle.	1
<i>Stain, methylene blue, 2 ounces in glass stopper narrow mouth bottle</i>	do.	1
<i>Wire, platinum, extra</i>	cm.	25

(c) MICROSCOPICAL SUPPLY CASE

(Hardwood case with lock and key)

<i>Acid, sulphuric, chemically pure, 4 ounces in glass stopper narrow mouth bottle</i>	bottle.	1
<i>Acid, glacial acetic, 1 ounce in T. K. dropping bottle</i>	do.	1
<i>Alcohol, 95 per cent, 4 ounces in T. K. dropping bottle</i>	do.	1
<i>Alcohol, methyl, Merck's reagent, 4 ounces in glass stopper narrow mouth bottle</i>	do.	1
<i>Aniline oil, 1 ounce in glass stopper bottle</i>	do.	1
<i>Agglutometer (Parke, Davis & Co.)</i>	number.	1
<i>Beakers, tall form, in nest of 3</i>	nest.	1
<i>Clamp, Stoddart's</i>	number.	1
<i>Cover glasses, No. 1, square, 2 mm.</i>	ounce.	1
<i>Dropping bottles, 1-ounce, T. K. flat stopper</i>	number.	4
<i>Eosin, w. g., dry, Gruebler</i>	grams.	10
<i>Filter paper, 10 by 10 cm. 50 sheets in package</i>	packages.	4
<i>File, triangular, small, 4-inch</i>	number.	1
<i>Fuchsin, for bacteria, Gruebler</i>	grams.	10
<i>Funnels, glass, 1-ounce</i>	number.	2
<i>Gentian violet, Gruebler</i>	grams.	10
<i>Gower's solution, 1 ounce in glass stopper narrow mouth bottle</i>	bottle.	1
<i>Graduate, conical, 30 c. c.</i>	number.	1
<i>Hemocytometer, Zappert Ewing, with red and white pipettes</i>	do.	1
<i>Hemoglobinometer, Tallquist's</i>	do.	1
<i>Iodine and potassium iodide mixture</i>	tubes.	10
<i>Litmus paper, Squibb's, red and blue, of each, in vials</i>	vials.	2
<i>Methylene blue, Gruebler</i>	grams.	10
<i>Paraffin, in seamless tin box</i>	ounce.	1
<i>Phenol, crystallized, 1 ounce in glass stopper narrow mouth bottle</i>	bottle.	1
<i>Pipettes, 1 c. c., graduated in hundredths (in aluminum case)</i>	number.	6
<i>Salt solution, tablets, in 2-ounce screw-top bottle</i>	bottle.	1
<i>Slides, glass, 3 by 1 inch</i>	gross.	2
<i>Slides, glass, 3 by 1 inch, with one concavity</i>	number.	24
<i>Stain, Wright's, for blood, 4 ounces in T. K. dropping bottle</i>	bottle.	1
<i>Syringe, Luer's, 10 c. c., with 2 needles, in metal case</i>	number.	1
<i>Test tubes, in nests of 5</i>	nests.	8
<i>Tubing, glass, large and small, of each (in aluminum case)</i>	pieces.	20
<i>Tubing, rubber, ⅜-inch diameter (in metal box)</i>	feet.	12
<i>Urinometer, small</i>	number.	1
<i>Vaseline, in seamless tin box</i>	ounce.	1
<i>Watch glasses, Syracuse, ground edge</i>	number.	6

N. B.—All stoppers should be kept smeared with paraffin.

NOTE.—Typhoid culture 1, and agar slants 30, should be procured from the nearest laboratory before taking the field.

898.

PACKET, FIRST-AID

(G. O. 84, W. D., 1906)

Three types of first-aid packets are supplied by the Medical Department.

(a) The field packet in metal case consists of:

- (1) Two bandages of absorbent sublimated (1:1000) gauze, 4 by 84 inches.
- (2) Two compresses of absorbent sublimated (1:1000) gauze, each composed of $\frac{1}{2}$ square yard of gauze, so folded as to make a compress $3\frac{1}{2}$ by 7 inches.

One compress is placed lengthwise in the center of each bandage and retained in position by sewing along one end and across the center. The loose end of the compress is then folded on the sewed part and held by one or two stitches, thus making a compress $3\frac{1}{2}$ by $3\frac{1}{2}$ inches.

Each bandage thus prepared is rolled loosely from each end, with the roll toward the back of the bandage, until the compress is reached. The latter is then folded through the center and the flattened rolls of the bandage laid on either side of the folded compress. Each bandage is wrapped separately in parchment or waxed paper.

- (3) Two No. 3 safety pins wrapped in waxed paper.

The two compresses and the safety pins are wrapped together in tough paper on which simple directions for application are printed.¹

The contents thus prepared are placed in a hermetically sealed metal case with a suitable arrangement for easy opening. All contents of the case are sterile. Dimensions of the case are 4 by $2\frac{1}{4}$ by 1 inches.

The words "First-aid packet, U. S. Army" are stamped on the metal case. Also directions for opening, the manufacturer's name, and the date of contract.

(b) The instruction packet consists of a cardboard box with the same contents, but of stronger, more durable, and unsterilized material.

(c) For large wounds produced by fragments of shells, splinters, etc., the individual first-aid packet as described above may not be large enough to properly cover the wound. Therefore for use with coast and siege artillery a larger dressing is provided.

1 DIRECTIONS FOR APPLYING FIRST-AID PACKET

Carefully remove the wrapper and proceed as follows:

1. If there is only one wound, carefully remove the paper from one of the two packages without unfolding compress or bandage and hold by grasping the outside rolls of bandage between the thumb and fingers.

When ready to dress wound, open compress by pulling on the two rolls, being careful not to touch the inside of the compress with fingers or anything else. Still holding one roll of the bandage in each hand, apply the compress to the wound, then wrap the bandage around the limb or part and tie the ends together or fasten with safety pins. The second compress and bandage may be applied over the first, or it may be used for a sling if the arm is wounded or to bind both legs together if one is injured.

2. If there are two wounds opposite each other, apply to one wound a compress with unrolled bandage, and hold it in place by the bandage of the compress used to cover the other wound.

3. If there are two wounds not opposite each other tie a compress over each.

4. If the wound is too large to be covered by the compress find and break the stitch holding the compress together, unfold it and apply as directed above.

The shell-wound dressing consists of:

- (1) One compress composed of 1 square yard of absorbent sublimated (1:1000) gauze, so folded as to make a pad 6 by 9 inches. Across the back of each end of this compress is placed a piece of gauze bandage 3 inches wide by 48 inches long projecting beyond the compress 21 inches on each side. These bandages are held in position by stitching along the edges of the compress; the tails are loosely rolled and placed on the back of the compress. The compress thus made is wrapped in parchment or waxed paper.
- (2) One bandage 3 inches wide by 5 yards long of absorbent sublimated (1:1000) gauze, loosely rolled and wrapped in parchment or waxed paper.
- (3) Two No. 3 safety pins wrapped in waxed paper.

The whole dressing is wrapped in tough paper with directions for application printed thereon.

The short bandages sewed to the compress are for the purpose of temporarily fixing the compresses on the wound, after which it is firmly bound on by the roller bandage.

899.

POUCH, HOSPITAL CORPS

(Waterproof canvas pouch)

Ammonia spiritus aromaticus, in flask with cup.....	ounces..	2
Bandages, gauze, compressed.....	number..	6
Bottle, 4-ounce, with rubber stopper.....	do.....	1
Case, containing pins, common and safety, scissors, and dressing forceps.....	do.....	1
First-aid packets.....	do.....	4
Gauze, sublimated, two ½-yard pieces in package.....	packages..	4
Iodum, in 1-gram tube.....	tubes.....	10
Jackknife, with saw blade and corkscrew.....	number..	1
Plaster, adhesive, zinc, 1 inch wide and 10 yards long.....	spool..	1
Splints, wire gauze for, in roll.....	yard.....	1
Tourniquet, field.....	number..	1

900.

POUCH, ORDERLY

(Waterproof canvas pouch)

Ammonia spiritus aromaticus, in flask with cup.....	ounces..	2
Bandages, gauze, compressed.....	number..	6
Bottle, 4-ounce, with rubber stopper.....	do.....	1
Case, pocket (par. 812).....	do.....	1
Chloroformum, in case.....	pound..	½
Catheter, rubber, in box, size No. 20 French scale.....	number..	1
Diagnosis tags and pencil.....	books.....	2
First-aid packets.....	number..	4
Gauze, sublimated, two ½-yard pieces in package.....	packages..	8
Iodum, in 1-gram tube.....	tubes.....	10
Jackknife, with saw blade and corkscrew.....	number..	1
Lantern, folding.....	do.....	1
Ligature, catgut, sterilized, 3 sizes in package.....	packages..	3
Ligature, silk, braided, sterilized, 3 sizes in package.....	do.....	3
Pins, common.....	paper..	1
Pins, safety.....	dozen..	1
Plaster, adhesive, zinc, 1 inch wide and 10 yards long.....	spool..	1
Rubber bandage, 2 yards long and 2½ inches wide.....	number..	1
Scissors.....	do.....	1
Splints, wire gauze for, in roll.....	yard.....	1
Syringe, hypodermic.....	number..	1
Tin with screw top as container for three 5-dram vials for hypodermic solutions.....	do.....	1

NOTE.—As it is often very difficult in the field to prepare solutions for hypodermic use, a tin case with screw top is provided as container for three vials in which are kept the solutions most likely to be needed, such as morphine sulphate, strychnine sulphate, and nitroglycerine. These solutions should be freshly made every two or three days, with distilled or boiled water.

901.

RANGE, FIELD, NO. 1

(Supplied by the Subsistence Department, weight 230 pounds)

Outfitted to meet the needs of 111 patients. The cooking utensils packed in this range, and those contained in the mess outfit, listed in paragraph 890, are intended to supplement each other.

RANGE AND SPECIAL PARTS		
<i>Boilers, nested</i>	number..	4
<i>Dippers</i>	do.....	3
<i>Forks, small</i>	do.....	2
<i>Knives, butcher, 8 inches</i>	do.....	3
<i>Pans, bake, small</i>	do.....	2
<i>Pipe, smoke, elbow, 6 inches</i>	do.....	1
<i>Pipe, smoke, joints, 7 inches</i>	do.....	4
<i>Spoons, large</i>	do.....	2
<i>Skimmer, large</i>	do.....	1
<i>Steel, butcher, 10 inches</i>	do.....	1
<i>Lanterns, folding</i>	do.....	2
<i>Dredge, salt</i>	do.....	1
<i>Saw, meat, 16 inches</i>	do.....	1

902.

RANGE, FIELD, NO. 2

(Supplied by the Subsistence Department, weight 160 pounds)

Outfitted to meet the needs of 50 patients. The cooking utensils packed in this range, and those contained in the mess chest, small, listed in paragraph 892, are intended to supplement each other.

RANGE AND SPECIAL PARTS		
<i>Boilers, nested</i>	number..	2
<i>Dippers, small</i>	do.....	2
<i>Forks, small</i>	do.....	2
<i>Knives, butcher, 8 inches</i>	do.....	2
<i>Pans, bake, small</i>	do.....	2
<i>Pipe, smoke, elbow, 5 inches</i>	do.....	1
<i>Pipe, smoke, joints, 6 inches</i>	do.....	4
<i>Spoons, small</i>	do.....	2
<i>Skimmer</i>	do.....	1
<i>Steel, butcher, 10 inches</i>	do.....	1
<i>Lantern, folding</i>	do.....	1
<i>Dredge, salt</i>	do.....	1

903.

TENT UNIT OF BEDDING AND CLOTHING

(In canvas case, weight 128 pounds)

This is sufficient for equipping one hospital tent for six patients, or in an emergency for nine patients.

<i>Bed sacks</i>	number..	9
<i>Blankets, gray</i>	do.....	9
<i>Blankets, rubber</i>	do.....	6
<i>Pajamas, suits</i>	do.....	6
<i>Pillow sacks</i>	do.....	9
<i>Stool, folding</i>	do.....	1
<i>Towels, bath</i>	do.....	6
<i>Towels, hand</i>	do.....	6

904.

TENT UNIT OF FOLDING FIELD FURNITURE

(In canvas case, weight 180 pounds.)

<i>Chair</i>	number..	1
<i>Cots</i>	do.....	6
<i>Mosquito-bar frames</i>	pairs..	6
<i>Mosquito-bar frames, spreaders for</i>	number..	6

905.

UNIT OF RESERVE BEDDING AND CLOTHING

(In canvas case, weight 110 pounds)

<i>Blankets, rubber</i>	number..	1
<i>Blankets, gray</i>	do.....	9
<i>Pajamas, suits</i>	do.....	6
<i>Pillowcases</i>	do.....	24
<i>Sheets, cotton</i>	do.....	24
<i>Mosquito bars</i>	do.....	6
<i>Towels, bath</i>	do.....	6
<i>Towels, hand</i>	do.....	12

906. AMBULANCE SPARE PARTS AND ACCESSORIES

Each ambulance will carry the following spare parts and accessories, furnished by the Quartermaster's Department, except litters and the contents of the boxes of dressings and hospital stores:

<i>Axle grease</i>	cans..	2
<i>Axle nuts, extra</i>	number..	2
<i>Boilers, galvanized iron, with lids</i>	do.....	2
<i>Bolt, king, extra</i>	do.....	1
<i>Brush, horse</i>	do.....	1
<i>Bucket, galvanized iron</i>	do.....	1
<i>Comb, curry</i>	do.....	1
<i>Dressings, surgical, in wooden box (par. 881)</i>	box..	1
<i>Guidon, ambulance</i>	number..	1
<i>Hames, extra</i>	do.....	2
<i>Hatchet</i>	do.....	1
<i>Hospital stores, in wooden box (par. 880)</i>	box..	1
<i>Lamps, ambulance</i>	number..	2
<i>Lanterns, 1 white, 1 green, in space under seat</i>	do.....	2
<i>Lantern wicks, extra</i>	do.....	6
<i>Link, split</i>	do.....	1
<i>Litters, with slings</i>	do.....	4
<i>Nails, horseshoe, extra</i>	do.....	50
<i>Oil, mineral, in space under seat</i>	tin..	1
<i>Shoes, mule, 1 fitted for each animal</i>	number..	4
<i>Straps, hame, extra</i>	do.....	3
<i>Tanks, water</i>	do.....	2
<i>Whip</i>	do.....	1
<i>Wrench, monkey</i>	do.....	1

In addition to the above, ambulances Nos. 1, 4, 7, and 10 of the ambulance company will each carry an extra pole.

907. FIELD WAGON SPARE PARTS AND ACCESSORIES

Each field wagon will carry the following spare parts and accessories, furnished by the Quartermaster's Department:

<i>Axe, front of wagon</i>	number..	1
<i>Axle nuts, in tool box</i>	do.....	2
<i>Bucket, galvanized iron, under rear of wagon</i>	do.....	1
<i>Sponge, in tool box</i>	do.....	1
<i>Currycomb and brush, of each, in tool box</i>	do.....	1
<i>Cans axle grease, in tool box</i>	do.....	2
<i>Extra hames, in tool box</i>	do.....	2
<i>Lantern, in water bucket</i>	do.....	1
<i>Wagon wrench, in tool box</i>	do.....	1
<i>Open links, in tool box</i>	do.....	3
<i>Pole, on side of wagon</i>	do.....	1
<i>Reach, on side of wagon</i>	do.....	1
<i>Pickaxe, on side of wagon</i>	do.....	1
<i>Three-eighths or one-half inch rope, on side of wagon</i>	feet..	150
<i>Spade, on side of wagon</i>	number..	1
<i>Hame straps, in tool box</i>	do.....	3
<i>Hame strings, in tool box</i>	do.....	3
<i>Shoes for each foot of each animal, previously fitted, in tool box</i>	do.....	16
<i>Horseshoe nails, in tool box</i>	do.....	100
<i>Singletree, under wagon</i>	do.....	2
<i>Doubletree, under wagon</i>	do.....	1
<i>Ball strong twine for harness repairs</i>	do.....	1

908. PARTS OF HARNESS, WAGON OR AMBULANCE

(Furnished by the Quartermaster's Department)

(a) WHEEL-TEAM HARNESS, DOUBLE SET

<i>Back straps</i>	number	2
<i>Back-strap tugs</i>	do	4
<i>Bellybands</i>	do	2
<i>Breast straps</i>	do	2
<i>Breeching bands</i>	do	2
<i>Breeching straps</i>	do	2
<i>Bridles, complete</i>	do	2
Each bridle, complete, consists of the following parts—		
<i>Bit</i>	do	1
<i>Bit straps</i>	do	2
<i>Blinds</i>	do	2
<i>Blinds, stays for</i>	do	2
<i>Cheek pieces</i>	do	2
<i>Crownpiece</i>	do	1
<i>Face piece</i>	do	1
<i>Front piece</i>	do	1
<i>Throat strap</i>	do	1
<i>Choke straps</i>	do	2
<i>Collars, hair</i>	do	2
<i>Cruppers, 5 feet long</i>	do	2
<i>Hames</i>	pairs	2
<i>Hame straps</i>	number	4
<i>Hip straps</i>	do	4
<i>Lines, double, 30 feet long</i>	pair	1
<i>Neck chains</i>	number	2
<i>Neck straps</i>	do	2
<i>Reins, long, 4 feet 6 inches</i>	pairs	2
<i>Reins, short, 2 feet</i>	do	2
<i>Rein straps, 8 inches long</i>	number	2
<i>Side straps</i>	do	4
<i>Traces, 5 feet 6 inches long</i>	do	4

(b) LEAD-TEAM HARNESS

The parts of harness for the lead team are the same as for the wheel team, except for the following changes or additions:

<i>Bridles, complete, without rein rings and rein straps</i>	number	2
<i>Carrying straps, 6 feet long</i>	do	2
<i>Cruppers, 5 feet 6 inches long</i>	do	2
<i>Lines, double, 54 feet long</i>	pairs	2
<i>Martingales</i>	number	2

909. HORSE EQUIPMENTS, FOR MOUNTED MEMBERS OF THE HOSPITAL CORPS

(To be obtained from the Ordnance Department)

To secure uniformity of issue, fair or black leather parts should be designated.

(a) The saddle, complete, consists of the following parts:		
<i>Coat straps (set)</i>	number	6
<i>Cincha, hair</i>	do	1
<i>Saddletree, covered with leather, including quarter straps, size as required</i>	do	1
<i>Stirrup hoods</i>	do	2
<i>Stirrup straps</i>	do	2
<i>Stirrups, wood</i>	do	2
(b) The bridle, complete, consists of the following parts:		
<i>Bit, curb, model 1892</i>	do	1
<i>Curb strap</i>	do	1
<i>Headstall, complete</i>	do	1
<i>Reins</i>	do	2
(c) The watering bridle, complete, consists of the following parts:		
<i>Bit, watering, with snaps</i>	do	1
<i>Reins</i>	do	2
(d) The halter, complete, consists of the following parts:		
<i>Halter, headstall</i>	do	1
<i>Halter strap</i>	do	1
(e) Components:		
<i>Currycomb</i>	do	1
<i>Horse brush</i>	do	1
<i>Horse cover, cotton duck</i>	do	1
<i>Lariat</i>	do	1
<i>Lariat strap</i>	do	1
<i>Link strap, and snap hook</i>	do	1
<i>Nosebag</i>	do	1
<i>Picket pin</i>	do	1
<i>Saddle blanket, cavalry</i>	do	1
<i>Saddlebags, complete</i>	pair	1
<i>Spurs</i>	do	1
<i>Spur straps</i>	do	1
<i>Surcingle</i>	number	1

910. PERSONAL EQUIPMENT OF MEN OF THE HOSPITAL CORPS

(Issued by the Ordnance Department)

Canteen.....	
Canteen strap or canteen haversack strap.....	
Cup, tin.....	
Fork.....	
Haversack.....	
Knife.....	
Knife, Hospital Corps.....	
Knife, Hospital Corps, scabbard for.....	
Meat can.....	
Pouch for first-aid packet.....	
Revolver ¹	
Rifle.....	
Spoon.....	
Waist belt.....	

¹ Revolvers or rifles and necessary ammunition therefor will be obtained from the commanding officer when necessary. (See Army Regulations.)

INDEX

[Numbers refer to paragraphs]

Abandonment of Posts:

- Disposition of medical property on, 521.
- Records and reports, 399.
- Requisitions for medical supplies from posts soon to be abandoned, 492.

Abbreviations:

- Register of dental patients, 481.

Accountability:

- Appliances issued to discharged patients, 282.
- Army Medical School, property, 136.
- Articles destroyed to prevent contagion, 283.
- Hospital fund, 310, 311, 320 to 322.
- Medical property, 282, 380, 514 to 518.
- Proceeds of sales of medical property, 519 to 520.
- Public property brought in by patients, 290.
- Returns of property, 136, 380, 510, 514 to 518.

Accounts:

- Hospital laundry, 329, 330, 332, 335, 336.
- Ice, 324.
- Mess, 288, 290, 292.
- Proceeds of sales of medicines to civilians, 297.
- Proceeds of sales of other medical property, 519 to 520.
- Subsistence charges, etc., Army and Navy General Hospital, 352, 353.
- Subsistence charges, etc., Fort Bayard, 361 to 366.
- Supplies and services, chief surgeon field army to examine, etc., 593.
- Supplies purchased, 378, 486.
- To be paid by disbursing officers, 378.

Acetylene Illuminating Outfit:

- Chest for, contents of, 886.

Acting Cooks:

- See *Hospital Corps*.

Acting Dental Surgeons:

- See *Dental Corps*.

Acting Hospital Stewards:

- See *Hospital Corps*.

Advertising:

- Hospital laundry, 330, 331.

Aid Stations, Regimental:

- See *First-Aid Stations*.

Aid, Voluntary:

- Medical Department in the field, 541 to 551, 593, 598, 802.

Allowances, Personal:

- Acting dental surgeons, 17.
- Baggage, field hospital, evacuation hospital, base hospital, and reserve medical supply, 856 note.
- Civilian employees, 97, 99 to 101, 111.
- Clothing, Hospital Corps, 37.
- Contract surgeons, 46, 47.
- Dental surgeons, 17.
- Hospital matrons, 325 to 327.
- Hospital stewards, 25.

Allowances, Personal—Continued.

- Medical Corps, 2.
- Medical Reserve Corps, 13.
- Militia medical officers at Army Medical School, 140.
- Nurse Corps, 48, 72 to 80, 86.
- Sanitary personnel in hands of enemy (Red Cross treaty of 1906), 802.

Allowances, Supplies:

- See *Supply Tables*.

Ambulance Attendants:

- Privates Hospital Corps to do duty as, 25.

Ambulance Box of Hospital Stores:

- Contents of, 880.

Ambulance Box of Surgical Dressings:

- Contents of, 881.

Ambulance Companies, in Time of War:

- Camps, 740.
 - Commanding officer, 558, 628, 629.
 - Designations, 627.
 - Directions for loading wagons, 868.
 - Dressing stations, *see that title*.
 - Duties, general, 626 to 647.
 - Duties, in combat, 631 to 647.
 - Duty, to guard field hospitals, 556.
 - Duty, to move patients from field hospitals to evacuation hospitals. when, 665.
 - Duty, to serve with mobile forces in the field, 574, 576.
 - Instruction of, at camps of mobilization, 735.
 - Law authorizing, 25.
 - Number of companies allowed to each division, 578.
 - Personnel, fixed, 580, 749.
 - Personnel, regimental medical officers to be attached in combat, 749.
 - Records, reports, and returns, 785.
 - Register of patients, 417.
 - Senior medical officer's title, 558.
 - Station, on march, 738.
 - Station, to be assembled in rear of division in advance of battle, 598.
 - Supplies for, allowances, 865 to 869.
 - Supplies for, medical, whence issued, 574.
 - Train, 631.
 - Weights to be carried, 867.
- ## **Ambulance Companies, Peace Organization:**
- Certificates of proficiency for men under instruction, 157, 158.
 - Commanding officer, 150.
 - Discipline, 151.
 - Duties of permanent personnel, 150.
 - Equipment, 152.
 - Instruction, courses of, 153 to 160.
 - Law authorizing, 25.

Ambulance Companies, Peace Organization—
Continued.

- Officer in charge of instruction, 150.
- Personnel, 149.
- Records of class work, 156.
- Records, reports, and returns, 160.
- Reports of proficiency on transfer of men to stations, 36, 159.
- Use of, in instruction of Hospital Corps, 148 to 160.

Ambulance Company Directors:

See *Directors, Ambulance Company.*

Ambulances:

- Automobile (Red Cross), 546.
- Harness for, 908.
- Not to be diverted from Medical Department, 796.
- Regimental, 738.
- Spare parts and accessories, 906.
- Use of, 592, 643.
- See also *Transportation.*

Analysis of Water:

- Provisions concerning, 248 to 253.

Anesthetics:

- For operating room, where kept, 305.

Animals:

- Shoeing of, 796.

Antiseptics:

- Base hospital, 848.
- Evacuation hospital, 848.
- Field hospital, 848.
- Operating room, where kept, 305.
- Post supply table, 805.
- Reserve medical supply, 848.

Antitoxins:

- Purchase of, 805 note.
- Requisitions for, 499.
- Use of, 805 note.

Apparatus:

- Improvement of, medical officers to suggest, 484.
- Photographic, requisitions for, 499.
- Sanitary, to be procured by sanitary detachments in the field, 604.
- Water analysis, 253.

Apparatus, Compressed-Air:

- Contents of, 833.

Apparatus, Restraint:

- Contents of, 832.

Appliances:

- Base hospitals, 852, 855.
- Dental, 507, 837.
- Evacuation hospitals, 852.
- Field hospitals, 852.
- Field, inspection of, 532.
- Field, not to be used at posts, 532.
- Improvement of, medical officers to suggest, 484.
- Issues and sales to civilians, 296 to 298.
- Issues to discharged patients, 282.
- Posts and post operating rooms, 809.
- Reserve medical supplies, 852.
- Transferred with patients, 281.

Applicants for Enlistment:

- Examination, physical, 388.
- Identification record, 389.
- Register of patients, 427.
- Status, report of sick and wounded, 453.

Appointments:

- Acting dental surgeons, 17 to 22.
- Civilian employees, 99, 100, 102 to 105, 107, 108, 112.

Appointments—Continued.

- Civilian employees, Army and Navy General Hospital, 339.
- Contract surgeons, 44 to 47.
- Dental surgeons, 17 to 23.
- Hospital stewards, 25.
- Medical Corps, 2 to 9.
- Medical Reserve Corps, 8, 13 to 16.
- Nurse Corps, 48, 49, 54 to 59, 392.
- Sergeant first class, Hospital Corps, 31 to 33.
- Sergeant, Hospital Corps, 31 to 33.

Appropriations:

- "Replacing Medical Supplies," 520.

Arms:

- Guards, sanitary formations, 556, 802.
- Hospital Corps, 41.
- Wounded on the field, 762.

Army and Navy General Hospital, Hot Springs, Ark.:

- Administration, 339.
- Admissions, 340 to 349.
- Charges for subsistence, 351, 352.
- Commutation of rations, 350.
- Discharged soldiers and sailors, admissions, 349.
- Discipline of patients, 355.
- Discontinuance of treatment, 343.
- Diseases for which suitable, 340.
- Examinations, physical, for admission, 392.
- Law establishing, 338.
- Navy, officers and enlisted men, patients, 347, 349, 351.
- Organization, 339.
- Permits for admission, 346, 349.
- Public Health and Marine-Hospital Service, officers, admission, 348.
- Reports of condition of patients, 343.
- Retired enlisted men, admission, departure, 345, 346.
- Retired officers, admission, departure, 342, 344, 346.
- Revenue-Cutter Service, officers, admission, 348.
- Subsistence, 350 to 354.

Army Field Service School for Medical Officers:

- Establishment of, 147.

Army Headquarters:

- Sanitary personnel of, 578.

Army Medical Board:

- Examinations by, candidates for Medical Corps, 4, 6, 9.
- Law establishing, 2.

Army Medical Museum:

- General provisions, 127, 130 to 131.
- Loan of specimens, 131.
- Method of transmitting specimens, 131.

Army Medical School:

- Adjutant, 135.
- Board, school, 123.
- Candidates for Medical Corps, to attend, 8.
- Certificates of graduation, 144.
- Commandant, 133, 134.
- Course of instruction, 141, 142.
- Discipline, 145, 146.
- General provisions, 127, 132 to 146.
- Graduation, 143, 144.
- Instructors, 133.
- Property officer, 136.
- Records, 135.
- Reports, annual, 134.

Army Medical School—Continued.

- Student candidates, 8, 138.
- Student militia officers, 140.
- Student officers, 139.
- Students, 137 to 146.

Artillery, Field, Regiment:

- Sanitary personnel of, 577.

Aspirating Case:

- Contents of, 821.

Attending Surgeons:

- Assignment, 376.
- Correspondence record and document file system, 403, 406 to 408.
- Duties, 376.
- Reports of, 376.

Authentication:

- Changes on register of patients, 425.
- Changes on reports of sick and wounded, 448.
- Records, 397, 398.
- Register of dental patients, 479.
- Register of patients, 424.
- Reports of sick and wounded, 446.
- Reports of sick and wounded, correction cards, 460, 461.

Automobiles:

- For evacuating patients, 592.
- Red Cross ambulances, 546.

Auxiliary Division:

- Sanitary personnel of, 578.

Bacteriological Set:

- Contents of, 828.
- In hospitals, where kept, 306.

Badge:

- Nurse Corps, 87.

Baggage:

- Allowances, for base hospitals, evacuation hospitals, field hospitals, and reserve medical supplies, 856 note.

Bag, Obstetrical:

- Contents of, 820.

Bands:

- Assignment to sanitary service, 609, 614, 749.

Base Dental Outfit:

- Contents of, 835, 841 to 844.

Base Hospitals:

- Antiseptics for, 848.
- Appliances for, 852.
- Appliances for operating room of, 855.
- Baggage allowances of personnel of, 856 note.
- Bedding for, 851.
- Blanks for, 850.
- Books for, 850.
- Camps of mobilization, use of, for care of sick and wounded at, 734.
- Chief surgeon, line of communications, to clear before battle, 686, 715.
- Closing, 716.
- Clothing for, 851.
- Combination, of two or more, 717.
- Commanding officer, duties, 719.
- Convalescent camp branches, 720.
- Designations of, 714.
- Disinfectants for, 848.
- Evacuation of, 686, 715, 716, 719.
- Field chests for, 851.
- Function of, 715.
- Furniture for, 851.

Base Hospitals—Continued.

- General provisions concerning, 713 to 719.
- Hospital stores for, 849.
- Instruments for, 852.
- Line of communications unit, 575.
- Location of, 713.
- Medicines for, 847.
- Miscellaneous medical supplies for, 854.
- Number to be allowed, 578.
- Number to be established, 713.
- Ordnance Department supplies for, 857.
- Personnel of, 587.
- Quartermaster's Department supplies for, 856.
- Records, reports, and returns, 719, 785.
- Regulations for interior administration, 718.
- Relation to Medical Department organization in campaign, 560.
- Reports of sick and wounded, strength of command on, 451.
- Stationery for, 850.
- Subsistence Department supplies for, 858.
- Supplies for, 846 to 862.
- Surgical dressings for, 853.
- Tentage allowances for, 856 note.
- Weights to be carried, 859.

Base Medical Supply Depots:

- Blanks for, requisitions, 394.
- Branches, 722, 725.
- Commanding officer, duties, 723, 725.
- Commanding officer, to command branches, 725.
- Designation, 722.
- Establishment of, 722.
- General provisions concerning, 722 to 725.
- Issues from, 724.
- Number to be allowed, 578.
- Personnel of, 590.
- Purchases for, 723, 793.
- Records, reports, and returns, 787.
- Relation to Medical Department organization in campaign, 560.
- Requisitions for supplies, 723, 789, 793.
- Supplies for, 723, 874.
- Supplies to be kept at, 722.
- See also *Medical Supply Depots and Medical Supply Officers.*

Bathing Places:

- Supervision of police of, by sanitary detachments, 604.

Bathtub Set:

- Contents of, 882.

Battalions, Engineers and Signal Troops:

- Sanitary personnel of, 577.

Battle:

- See *Combat.*

Battlefields:

- Property and valuables found on, 802.
- Search of, for wounded and dead, 763, 764, 802.

Bayard, Fort, General Hospital at:

- Admissions, 356 to 360, 392.
- Discipline of patients, 368.
- Examinations, physical for admission, 392.
- General provisions, 356 to 368.
- Hospital charges, 361 to 366.
- Messes, 367.
- Navy patients, 357, 363.
- Rations, 367.
- Transfers to, 226, 356, 358.

Bedding:

- Base hospitals, 851.
- Evacuation hospitals, 851.
- Field hospitals, 851.
- Laundering of, 326 to 336.
- Post hospitals, 809.
- Repair of, 326, 327.
- Reserve medical supplies, 851.
- Use of, by Hospital Corps, 524.

Bedding and Clothing, Reserve Unit of:

- Contents, 905.

Bedding and Clothing, Tent Unit of:

- Contents, 903.

Bed Linen:

- Disinfection of, 192.

Beds:

- Disinfection of, 192.

Beer:

- Purchase of, hospital fund, 315.

Bichloride of Mercury Solution:

- Use of, as disinfectant, 191.

Births:

- Record of, in medical history of posts, 472, 474.
- Record of, on reports of sick and wounded, 454.

Blankets:

- Airing and care of, 527.
- Disinfection of, 192.
- Laundering of, 326 to 336, 527.

Blanks:

- Base hospitals, 850.
- Chief surgeons in the field, 879.
- Dental supply table, 840.
- Evacuation hospitals, 850.
- Field desks, 895.
- Field hospitals, 850.
- List of Medical Department, 394.
- Pouch for, in field desk, 895.
- Requisitions for, 394, 780.
- Reserve medical supplies, 850.

Boards of Health:

- To be notified of appearance of infective disease, 247.

Boards of Review:

- Law establishing, 2.

Boats, Hospital:

- See *Hospital Ships and Ships for Patients*.

Bolling:

- As disinfectant, 283.

Bonds:

- Contracts for laundry work, 334.

Bookcases:

- Requisitions for, 499.

Books:

- Base hospitals, 850.
- Dental requisitions for, 506.
- Dental supply table, 840.
- Evacuation hospitals, 850.
- Field desks, 895.
- Field hospitals, 850.
- Medical, box of, 883.
- Medical, disposition, on abandonment of posts, 521.
- Medical, removal from hospital, 523.
- See also *Record Books*.

Books, Blank:

- See *Blanks*.

Bottles:

- Dispensing set, 807.
- Water analysis, 253.

Bougles:

- Preservation of, 528.

Boxes:

- See *Cases*.

Boxes, Packing:

- Water analysis, 253.
- See also *Packing*.

Box of Hospital Stores:

- Contents of, 896.

Brassards:

- Sanitary service, 553, 554, 802.

Buildings, Hospital:

- See *Hospitals*.

Bureaus of Information:

- Establishment by Red Cross, 546.

Burning:

- As disinfectant, 182.

Cabinets for Blanks:

- Requisitions for, 499.

Cadets:

- Examinations, physical, 381, 382.
- Subsistence charges at the Army and Navy General Hospital, 352.

Camps:

- Ambulance companies, formation of, 740.
- Care of sick and wounded, 740, 741.
- Field hospitals, formation of, 740.
- Field hospitals, functions of, at, 652.
- Medical service of, 740 to 744.
- Medical supplies, requisitions, 499.
- Regimental infirmaries, functions of, at, 740.
- Reports of sick and wounded to show location of, 450.
- Reserve medical supply, to be established at, 744.
- Sanitation of, chief surgeon of division to issue orders concerning, 598.
- Sites, rules for selecting, 178.
- See also *Cantonment Hospitals*.

Camps, Casual, for Sanitary Troops:

- Establishment and functions of, 686, 721.
- Line of communications unit, 575.
- Records, reports, and returns, 785.
- Relation to Medical Department organization in campaign, 560.

Camps, Convalescent:

- Branches of general hospitals, 563.
- Establishment of, 686, 720.
- Line of communications units, 575.
- Records, reports, and returns, 785.
- Relation to Medical Department organization in campaign, 560.

Camps, Mobilization:

- Base hospitals, use of, for care of sick, 734.
- General hospitals for, 560.
- Hospitals for, 734.
- Instruction of medical personnel at, 735.
- Medical units at, to perfect equipment, 736.
- Sanitation of, 733.
- Sick at, to be promptly separated from well, 734.

Candidates for Commission:

- Examinations, physical, 383.
- See also *Dental Corps*, *Medical Corps*, and *Medical Reserve Corps*.

Candidates, Student:

- See *Student Candidates*.

Cantonment Hospitals:

- Closing of, 743.
- Designation of, 741.
- Establishment of, 741.

Cantonment Hospitals—Continued.

- Evacuation of, 741.
- Field hospital, when to be used as, 653.
- Isolation branches, 742.
- Opening of, 743.

Cantonments:

- Medical service of, 740 to 744.
- See also *Camps*.

Canvas for Litters:

- Washing and replacing, 529.

Capture:

- Guards, sanitary service, in hands of enemy, 557.
- Hospital ships, 802, 803.
- Sanitary formations, flags and insignia while in hands of enemy, 591.
- Sanitary matériel, 801, 802.
- Sanitary personnel, 802.
- Sick and wounded, 266, 439, 802, 803.

Cases, Chests, etc., Contents of:

- Acetylene illuminating outfit, 886.
- Ambulance box, hospital stores, 880.
- Ambulance box, surgical dressings, 881.
- Aspirating case, 821.
- Bacteriological set, 828.
- Bathtub set, 882.
- Bedding and clothing, reserve unit, 905.
- Bedding and clothing, tent unit, 903.
- Chemical set, 829.
- Commode chest, 887.
- Compressed-air apparatus, 833.
- Dental case, post, 830.
- Dental chests, 835.
- Dental supply table, 835 to 840.
- Detached service chest, 888.
- Ear, nose, and throat case, 815.
- Emergency case, 824.
- Eye case, 816.
- Field desk, 895.
- Field desk, dental, 840.
- Field supply table, 880 to 905.
- First-aid packet, 898.
- Folding field furniture, tent unit, 904.
- Genito-urinary case, 814.
- Gynecological case, 819.
- Hæmostatic forceps case, 813.
- Hospital Corps pouch, 899.
- Hospital stores, box of, 896.
- Hypodermic syringe, 823.
- Medical books, box of, 883.
- Medical chest, 889.
- Mess chest, large, 891.
- Mess chest, small, 892.
- Mess outfit, field, for 108 patients, 890.
- Microscope, post, 826.
- Microscopical accessories, 827.
- Microscopical outfit, field, 897.
- Obstetrical bag, 820.
- Operating case, general, 811.
- Operating case, small, 885.
- Orderly pouch, 900.
- Pocket case, 812.
- Post-mortem case, 825.
- Post supply table, 811 to 834.
- Range, field, No. 1, 901.
- Range, field, No. 2, 902.
- Restraint apparatus, 832.
- Sterilizer chest, 893.
- Surgical chest, 894.
- Surgical dressings, reserve, box of, 884.

Cases, Chests, etc., Contents of—Continued.

- Thermo-cautery, improved, 822.
- Tool chest, 834.
- Tooth-extracting case, 831.
- Trial lenses, case of, 817.
- Vision test set, 818.

Cases, Chests, etc., Field Chests:

- Allowance of, for base hospitals, evacuation hospitals, field hospitals, and reserve medical supplies, 851.
- Inspection of, 532.
- Use of posts forbidden, 532.

Cases, Packing:

- See *Packing*.

Casual Camps:

- See *Camps, Casual*.

Catalogue Index:

- Library, Surgeon General's Office, 128.

Catheters:

- Preservation of, 528.

Cavalry Division:

- Sanitary personnel of, 578.

Cavalry Regiment:

- Sanitary personnel of, 577.

Cavities in Teeth:

- Classification of, 481.

Ceilings:

- Disinfection of, 192.

Cerebro-Spinal Meningitis:

- Care of, 238 to 244.
- Report of appearance of, 245.

Certificates:

- Graduation from Army Medical School, 144.
- Identity, 553 to 555, 802.
- Proficiency, Hospital Corps, 157 to 159, 172, 173.

Chairs:

- Disinfection of, 192.

Chancroid:

- Care of, 233.

Change of Diagnosis Cards:

- Provisions concerning, 259, 262, 263.

Chemical Set:

- Contents of, 829.
- Where kept, 306.

Chests, Cases, etc., Contents of:

- See *Cases, Chests, etc., Contents of*.

Chests, Field:

- See *Cases, Chests, etc., Field Chests*.

Chickenpox:

- Care of, 217.

Chief Nurses:

- See *Nurse Corps*.

Chief Surgeon, Brigade, Separate:

- See *Chief Surgeon, Division (Tactical)*.

Chief Surgeon, Department (Territorial):

- Correspondence, record and document system, 402.
- Duties of, 369 to 375.
- Hospital fund, duties respecting, 316, 317, 320.
- Instruction Hospital Corps detachment, to determine sequence of subjects for, 170.
- Laundry of hospitals, authority over, 327.
- Nurses, transfer of, 69.
- Reports and papers, 372, 373, 375.
- Reports of sick and wounded, chief surgeon to examine, etc., 447.
- Reports of surgical operations consolidated, 468.
- Requisitions for supplies, action on, 494, 500, 502, 504.

Chief Surgeon, Division (Tactical) or Separate Brigade:

- Camps of mobilization, to direct sanitary measures at, 733.
- Correspondence records and paper work, 782.
- Duties, general, 598 to 600.
- Duties in combat, 598, 657 to 659, 748, 749, 751.
- Duties on march, 737.
- Equipment of office, 879.
- Field hospitals, duties in respect to establishment of, 657, 658, 659.
- Instruction of medical personnel at camps of mobilization, 735.
- Regimental medical service, control of, 598.
- Reports on campaign, at conclusion of, 782.
- Reports of sick and wounded, examination of, 447.
- Requisitions from divisional units, action on, 790.
- Reserve medical supply, location of, 683.
- Station on march, 737.
- Title 558.

Chief Surgeon, Division (Territorial):

- Duties of, 374.

Chief Surgeon, Field Army:

- Camps of mobilization, to inaugurate sanitary measures for, 733.
- Camps of mobilization, to provide hospitals for, 734.
- Correspondence records and paper work, 782.
- Duties, general, 593 to 597.
- Duty on march, 737.
- Duty to act as chief surgeon, line of communications, when, 597.
- Duty to concert action for movement of wounded and supplies, 747.
- Equipment of office, 879.
- Instruction of medical personnel in camps of mobilization, supervision of, 735.
- Report on campaign, at conclusion of, 782.
- Reports of sick and wounded, examination of, 447.
- Requisitions from base medical supply depots, action on, 793.
- Requisitions from reserve medical supplies, action on, 791.
- Station on march, 737.
- Supplies, local purchase of, when to authorize, 593, 793.
- Title, 558.
- Voluntary aid, individual, acceptance and assignment of, 547, 548.

Chief Surgeon, Line of Communications:

- Base medical supply depots, advancement of branches of, 722.
- Duties, general 686, 687.
- Duties in combat, 686, 748.
- Equipment of office, 879.
- Evacuation hospitals, location of, 701.
- Hospital ships and ships for patients, supervision of, on line of communications, 726, 730.
- Hospital trains and trains for patients, operation of, on line of communications, 729.
- Medical service, line of communications, control of, 685.
- Requisitions for medical supplies from units on the line of communications, action on, 792.

Chloride, Mercuric:

- As disinfectant, 187.

Chlorinated Lime:

- As disinfectant, 190, 191.

Cholera:

- Care of, 207.

Civilian Employees:

- Allowances of, 97, 99 to 101, 111.
- Appointment of, 97 to 100, 102 to 105, 107, 108, 112.
- Army and Navy General Hospital, appointment and discharge, 339.
- Assignment, 97, 107.
- Authority for, Medical Department, 97.
- Classified, 102, 107, 110, 111.
- Death of, 112, 126.
- Discharge, 99, 100, 104, 107, 109, 110, 112, 120.
- Efficiency reports of, 114 to 122.
- Employment by chief surgeons of field armies, 593.
- Expenses in changing station, 111.
- Expenses in proceeding to place of employment, 97.
- Issues and sales to, of appliances, dressings, hospital stores, medicines, etc., 296 to 298.
- Laborers, unskilled, 97, 102 to 106.
- Labor regulations, 102, 103, 105.
- Leaves of absence, 123 to 125.
- Medical Department, part of, 1.
- Pay, 97, 99, 100, 104, 107, 111.
- Post exchanges, medical and hospital care, 300.
- Prescriptions for, to be kept on separate file, 295.
- Promotion of, 107 to 112, 119.
- Qualifications of, 97, 98, 103, 107, 108.
- Quarters, 97, 101.
- Reduction of, 99, 100, 104, 107, 110 to 112, 120.
- Relative, name and address of nearest, to be recorded, 112.
- Reports of changes of station and status, 112.
- Reports of deaths, 126, 268, 269.
- Reports of injuries, 126.
- Sanitary detachments, 604.
- Sanitary squads, 731.
- Subsistence, 97, 99, 100.
- Suspensions, 110.
- Transfers, 107, 111, 112.

Civilian Hospitals:

- Employment of, to clear field hospitals on the march, 652.

Civilian Physicians:

- Practicing on military reservations, 302.
- Volunteers for field service, 547 to 551.

Civilians:

- Care of, at Fort Bayard, 363, 364, 366.
- Issues and sales to, of appliances, dressings, hospital stores, medicines, etc., 296 to 298.
- On register of patients, 427.
- Reports of sick and wounded, data concerning, 446, 452 to 454.
- See also, *Medical Attendance (Inhabitants of occupied territory)*.

Civil-Service Rules:

- Application to appointment of civilian employees, 102, 107, 108.

Claims:

- For proceeds of sales of effects of civilian patients, 279.

Classification:

- Of civilian employees, 102, 107, 110, 111.
- Of patients for evacuation, 592.
- Of supply tables to be followed, 485, 497.
- Of teeth, 481.

Cleaning Mixtures:

Issue of medical property for, 525.

Clerks:

Civilian, 97, 102, 107, 111.

Clinical Records:

Description of, 462 to 465.

History sheet, 463.

Patients transferred from ward to ward, 259, 462.

Patients transferred to general hospital, 265.

Progress sheet, 463.

Temperature chart, 463.

Treatment sheet, 257, 462.

Clinical Thermometers:

Issue of, 809 note.

Requisitions for, 499.

Clocks:

Allowance of, post supply table, 809 note.

Clothing:

Base hospitals, 851.

Disinfection or destruction of, 192, 283.

Evacuation hospitals, 851.

Field hospitals, 851.

Hospital Corps, allowances of, 37.

Hospital Corps, white duck, to be worn when, 37.

Hospital, repair of, 326, 327.

Hospital, to be marked as hospital property, 281.

Hospital, to be worn by patients, 281.

Laundrying of, belonging to enlisted attendants in hospital, 37, 326 to 336.

Laundrying of, belonging to Medical Department, 326 to 336.

Laundrying of, belonging to patients, 274, 326 to 336.

Laundrying of, uniforms of Nurse Corps, 86, 326 to 336.

Post supply table, 809.

Repair of, Medical Department, 326.

Reserve medical supplies, 851.

Coal:

Requisitions for, 499.

Color Sense:

Examinations for, 393.

Combat:

Ambulance companies, function of, 631 to 647.

Bands, assignment to sanitary service in, 609, 614, 749.

Base hospitals, in, 713, 715.

Care of wounded devolves on sanitary troops, 750.

Chief surgeon, division, duties concerning, 598, 657 to 659, 748, 749, 751.

Chief surgeon of field army, duties concerning, 593.

Chief surgeon, line of communications, duties, 686, 748.

Diagnosis tags, use of, 752 to 759.

Director of ambulance companies, duties, 625, 634, 647.

Director of field hospitals, duties, 649.

Dressing stations, establishment of, 751.

Evacuation hospitals, function of, 702 to 707.

Field hospitals, function of, 656 to 670, 751.

First-aid packets, use of, 750.

First-aid stations, 609 to 620, 751.

Medical service of, general provisions, 745 to 764.

Regimental medical service of, 609 to 620.

Sanitary troops in, 749.

Stations for slightly wounded, 598, 671 to 676, 751.

Transport columns, 691 to 693.

Combination:

Hospital safe, 312.

Commanding Officers:

To keep senior medical officers informed of contemplated movements, 745.

Command, Strength and Variations of:

See *Reports of Sick and Wounded*.

Commissaries:

Medical officers, as, 540.

Commission, Forfeiture of:

Medical Reserve Corps, 13.

Commode Chest:

Contents of, 887.

Commutation of Rations:

Army and Navy General Hospital, 350.

Fort Bayard, 367.

Hospital matrons, 325.

Nurse Corps, 73.

See also, *Rations in Kind and Subsistence*.

Companies, Ambulance:

See *Ambulance Companies*.

Companies of Instruction:

Law authorizing, 25.

Company:

Record of, on register of patients, 427.

Complications:

Record of, on register of patients and reports of sick and wounded, 438, 459.

Compressed-Air Apparatus:

Contents of, 833.

Conference, Peace, at the Hague:

Treaty of 1907, 803.

Contagious Disease Hospitals:

In the field, 560, 575, 699.

Contagious Diseases:

Boards of health to be notified of appearance of, 247.

See also *Diseases, Infective*.

Contract Dental Surgeons:

See *Dental Corps (Acting dental surgeons)*.

Contracts:

Bonds for contracts for laundry work, 334.

Laundry work, 332 to 334.

See also *Contract Surgeons* and *Dental Corps (Acting dental surgeons)*.

Contract Surgeons:

Allowances of, 46, 47.

Annulment of contracts, 45, 46.

Appointment, 44 to 47.

Compensation, 44 to 47.

Contracts with, 45 to 47.

Deaths of, reports, 269.

Discharge of, 45, 46.

Duties, 46, 47.

Employment of, by chief surgeon, field army, 593.

Enlistments not to be made by, 29.

Examinations for employment as, 46.

Expenses of applicants, 46.

Law authorizing employment, 44.

Medical Department, relation to, 1.

Pay, 44, 45.

Qualifications for employment, 46.

Reports, personal, 411.

Contributions, Voluntary:

Chief surgeons of field armies to receive, etc., 593.

Convalescent Camps:

See *Camps, Convalescent*.

Convalescent Homes:

Red Cross, 546.

Conventions:

- Geneva (Red Cross) of 1906, 802.
- The Hague, of 1907, 803.

Convicts, Military:

- Record of, on register of patients and reports of sick and wounded, 427, 452, 453.

Convoys of Evacuation:

- Immunities of, in time of war, 802.

Cooks, Acting:

- See *Hospital Corps*.

Cooks, Hospital:

- Civilian, 97 to 100.
- Gratuities to, hospital fund, 314.
- Privates, Hospital Corps, to do duty as, 25.
- Volunteer, for field service, 547 to 551.

Corporals, Hospital Corps:

- See *Hospital Corps*.

Corps:

- Record of, on register of patients, 427.

Correction Cards:

- Reports of sick and wounded, 460, 461.

Correspondence:

- Ambulance companies, 785.
- Base hospitals, 785.
- Books, 400 to 405, 408.
- Casual camps, 785.
- Chief surgeons, 371, 782.
- Convalescent camps, 785.
- Directors of field hospitals and ambulance companies, 783.
- Evacuation hospitals, 785.
- Field hospitals, 785.
- Hospitals, 400, 401, 406 to 408.
- Hospital ships, 785.
- Hospital trains, 785.
- Information slips to be used, 406 to 408.
- Medical supply depots, 380, 400, 404 to 408.
- Records of, 380, 400 to 405, 408.
- Transport columns, 785.

Correspondence School:

- For medical officers, 147.

Cosmetics:

- Issue of medical property for, 525.

Cows:

- Purchase of, with hospital fund, 316.

Cresol:

- As disinfectant, 188.

Cresol Soap Solution:

- As disinfectant, 191.

Crutches:

- Transfer of, with patients, 281.

Curtains, Window:

- Requisitions for, 499.

Cutaneous Reactions:

- Use of, 356.

Dead:

- Disposition of remains at dressing stations and field hospitals, 640, 663.
- Effects of, at dressing stations, first-aid stations and stations for the slightly wounded, 761.
- Effects of deceased patients in hospital, 278, 279.
- Effects of, in hands of enemy, 802.
- Identification of, before burial, etc., 764, 802.
- Robbery of, protection against, 802.
- Search of battlefield for, 764.

Deaths:

- Patients en route, 266.
- Record of, in medical history of post, 472, 474.

Deaths—Continued.

- Record of, on register of patients, 417, 439.
- Record of, on reports of sick and wounded, 452, 454.
- Reports of, acting dental surgeons, 269.
- Reports of, civilian employees, 112, 126, 268.
- Reports of, contract surgeons, 269.
- Reports of, dental surgeons, 269.
- Reports of, enlisted men, 268.
- Reports of, Hospital Corps, 35.
- Reports of, medical officers, 269.
- Reports of, nurses, 90.
- Reports of, officers, 268, 269.
- Reports of, sergeants first class, Hospital Corps, 269.

Dengue:

- Care of, 230.

Dental Assistant:

- Provisions concerning, 24.

Dental Case, Post:

- Contents of, 830.

Dental Cases:

- Record of, on register of patients, 419.

Dental Chests:

- See *Cases, Chests, etc.*

Dental Corps:

- Acting dental surgeons, contracts with, 22.
- Acting dental surgeons, discharge of, 22.
- Acting dental surgeons, number of, 17.
- Acting dental surgeons, status of, 17.
- Allowances of, 17.
- Appointments in, 17 to 23.
- Authority of dental surgeons, 17.
- Deaths in, to be reported, 268, 269.
- Dental surgeons, number of, 17.
- Enlisted assistant, 24.
- Examinations for appointment in, 17 to 23, 392.
- Expenses of candidates, 20.
- Grades in, 17.
- Law establishing, 17.
- Part of Medical Department, 1, 17, 559.
- Pay, 17.
- Personal reports, 411.
- Promotion of acting dental surgeons to grade of dental surgeons, 17, 23.
- Rank of dental surgeons, 17.
- Retirement of dental surgeons, 17.
- Right of dental surgeons to command, 17.
- See also *Dentists*.

Dental Field Desk:

- Contents of, 840.

Dental Laboratories:

- Outfit, 842.

Dental Outfits:

- Contents of, 835 to 844.

Dental Patients:

- Register of, 475 to 482.

Dental Property:

- Returns of, 518.

Dental Supplies:

- Allowances, see *Supply Tables*.
- Requisitions for, 504 to 508.

Dental Supply Table:

- See *Supply Table, Dental*.

Dental Surgeons:

- See *Dental Corps*.

Dental Work:

- Reports of, 483.

Dentists:

- Accountability for medical property, 514 to 518.
- Issues of post supplies to, 507, 508.
- Returns of medical property, 518.
- See also *Dental Corps*.

Deposits:

- Proceeds of sales of medicines to civilians, 297.
- Proceeds of sales of other medical property, 519.

Depots, Medical Supply:

- See *Base Medical Supply Depots*, *Medical Supply Depots*, and *Reserve Medical Supplies*.

Descriptive and Assignment Cards:

- Copies of, to be forwarded to the Surgeon-General in cases of men transferred to the Hospital Corps, 30.
- Medical property in possession of men transferred, to be noted on, 42.

Descriptive Lists:

- Copies of, to be forwarded to the Surgeon-General, in cases of men transferred to the Hospital Corps, 30.
- Medical property in possession of men transferred, to be noted on, 42.
- Proficiency of Hospital Corps men transferred, to be noted on, 159, 173.

Deserters:

- Effects of patients who desert, 278.
- Physical examinations of, 391.

Desertions:

- Hospital Corps, reports of, 35.
- Record of admission from, on register of patients, 434.
- Record of, on register of patients, 439.
- Record of, on reports of sick and wounded, 452.

Desk, Field:

- Contents of, 895.

Desk, Field, Dental:

- Contents of, 840.

Detached Service Chest:

- Contents of, 888.

Details:

- Officers and enlisted men of the line and other staff departments for service with the Medical Department, 540, 593.

Diagnosis:

- "Change of diagnosis" cards, 259, 262, 263.
- Change of, entry as to line of duty, 438.
- Change of, upon admission of patients by transfer, 435.
- Changes of, on register, to be reported to Surgeon-General for correction of report cards, 459.
- Record of, on register, alterations in, 425.
- Record of, on register of dental patients, 482.
- Record of, on register of patients, 435, 444.

Diagnosis Tags:

- General provisions concerning, 752 to 759.
- Use of, at dressing stations, 639.
- Use of, at stations for slightly wounded, 678, 679.

Diarrheal Diseases:

- Care of, 203 to 206.

Diet Cards:

- Use of, 289.

Diet Kitchens:

- Provisions concerning, 294, 546.

Diet of Sick:

- See *Hospital Service (Mess management)*.

Diphtheria:

- Antitoxin of, procurement, 499.
- Care of, 218, 219.
- Report of appearance of, 245

Directors of Ambulance Companies:

- Authority for, 581.
- Duties, general, 622 to 625.
- Duties in combat, 625, 634, 647
- Records and files of, 783.
- Relation to organization of Medical Department in campaign, 560.
- Station, 624, 625.

Directors of Field Hospitals:

- Authority for, 583.
- Duties, general, 648 to 650.
- Duties in combat, 649.
- Records and files of, 783.
- Relation to organization of Medical Department in campaign, 560.
- Station, 649.

Directory of Medical Personnel:

- To be kept by chief surgeons, 373.

Disbursements:

- Hospital fund, chief surgeons to regulate, 369, 593.
- Mess bills to be settled promptly, 288.

Disbursing Officers:

- Duties of, 378, 379.
- Proceeds of sales, how to account for, 519, 520.

Discharged Soldiers:

- At Army and Navy General Hospital, 349, 351.
- At Fort Bayard, 357, 359.
- On register of patients, 427.
- On reports of sick and wounded, 453.

Discharges:

- Acting dental surgeons, 22.
- Civilian employees, 99, 100, 104, 107, 109, 110, 112, 120.
- Civilian employees, Army and Navy General Hospital, 339.
- Contract surgeons, 45, 46.
- Enlisted men, for hernia, 271.
- Enlisted men, for refusal of surgical treatment, 272.
- Enlisted men, physical examinations for, 390.
- Hospital Corps, chief surgeon of field army to recommend, 593.
- Hospital Corps, reports of, 35.
- Hospital matrons, 326.
- Medical Corps, 2.
- Medical Reserve Corps, 8, 13.
- Nurse Corps, 48, 49, 52, 60 to 65, 78, 90.
- Record of, on register of patients, 417, 420, 439.
- Record of, on reports of sick and wounded, 452.
- Student candidates, 8.

Discipline of Patients:

- At Army and Navy General Hospital, 355.
- At Fort Bayard, 368.

Diseases:

- Nomenclature, dental, 480.
- Nomenclature, general, 444.
- To be treated at Army and Navy General Hospital, 340.
- See also *Contagious Diseases: Diseases, Epidemic: Diseases, Febrile; and Diseases, Infective*.

Diseases, Epidemic:

- Duty of chief surgeon respecting, 371.
- Duty of civilian practitioner on military reservation respecting, 302.

Diseases, Epidemic—Continued.

Reports of, 245 to 247.

See also *Contagious Diseases; Diseases; Diseases, Febrile; and Diseases, Infective.*

Diseases, Febrile:

To be regarded as infective until proven otherwise, 194.

See also *Contagious Diseases; Diseases; Diseases, Epidemic; and Diseases, Infective.*

Diseases, Infective:

Cerebro-spinal meningitis, 238 to 244.

Chancroid, 233.

Chickenpox, 217.

Cholera, 207.

Civilian physician discovering, duty respecting, 302.

Dengue, 230.

Diagnosis, importance of early, 194.

Diarrheal diseases, 203 to 206.

Diphtheria, 218, 219.

Dysentery, 204, 205.

Evacuation hospitals, use of, for, 699.

Evacuation of patients with, 592.

Gonorrhea, 232.

Influenza, 221.

Line of communications, to be segregated, 686.

Malaria, 227, 228.

Measles, 208 to 212.

Mumps, 220.

Plague, 234 to 237.

Pneumonia, 223.

Preventive measures, 193 to 244.

Regimental personnel, to be examined monthly for detection of, 602.

Regimental surgeon, to isolate, 602.

Reports of, 245 to 247.

Scarlet fever, 214 to 216.

Smallpox, 213.

Syphilis, 231.

Tonsillitis, 222.

Tuberculosis, 224 to 226, 356.

Typhoid fever, 195 to 202.

Veneral diseases, 231 to 233.

Yellow fever, 229.

See also, *Contagious Diseases; Diseases; Diseases, Epidemic; and Diseases, Febrile.*

Diseases, Nomenclature of:

See *Nomenclature of Diseases.*

Dish Washing:

Sanitary detachments to supervise places for, 604.

Disinfectants:

Application of, rules for, 180, 192.

Base hospitals, 848.

Bichloride of mercury solution, 191.

Boiling, 183.

Burning, 182.

Chlorinated lime, 190, 191.

Cresol, 188, 191.

Evacuation hospitals, 848.

Field hospitals, 848.

Formaldehyde gas and formalin, 185, 191, 192, 805. note.

Lime, quicklime, milk of lime, 189, 191.

Mercuric chloride, 187.

Office and function of, 179.

Post supply table, 805.

Reserve medical supplies, 848.

Sanitary detachments, to prepare and apply, 604.

Disinfectants—Continued.

Standard solutions, 191.

Steam, 184.

Sulphur, 186.

Sunlight, direct, 181.

Disinfection:

Bed linen, 192h.

Beds, 192j.

Blankets, 192k.

Ceilings, 192l.

Chairs, 192j.

Clothing, 192h, 192k, 283.

Definition, 179.

Feces, 192b.

Floors, 192j.

Furs, 192m.

Hats, 192m.

Leather, 192m.

Mattresses, 192i.

Methods, 181 to 192.

Persons, 192g.

Pillows, 192i.

Pus, 192c.

Rooms, 192n.

Rubber, 192m.

Silk fabrics, 192k.

Sputum, 192c.

Table clothing and utensils, 192f, 290.

Tables, 192j.

Towels, 192h.

Urine, 192a.

Walls, 192l.

Wards, 192n.

Water for bath, 192e.

Water for laundry, 192d.

Woolen fabrics, 192k.

Dismissal:

Record of, on register of patients, 420, 439.

Dispensing Set:

Bottles and jars of, 807.

Disposition of Patients:

On register of patients, 422, 439, 440.

Distribution of Sanitary Troops:

Of division, 578.

Of Medical Department in campaign, 572.

Divisions, Tactical:

Chief surgeon, see *Chief Surgeon, Division (Tactical).*

Medical attendance at headquarters, 588.

Sanitary personnel, 578.

Documents:

Files of, 400 to 405, 408, 782, 783, 785.

Useless, reports of, 405.

Dressings, Floor:

Rule for making, 809 note.

Dressings, Surgical:

Ambulance box of, contents, 881.

Base hospitals, 853.

Civilians, issues and sales to, 296 to 298.

Evacuation hospitals, 853.

Field hospitals, 853.

Posts, issues to, forbidden, 493.

Post supply table, 809.

Reserve box of, contents, 884.

Reserve medical supplies, 853.

Shell-wound, 898.

Dressing Station Party:

Definition of, 631.

Dressing Stations:

- Bearers, 635.
- Closing, 625, 647.
- Combination of two or more, 751.
- Combination with first-aid station, 751.
- Crowding, 642.
- Dead, disposition of, 640.
- Departments of, 636.
- Diagnosis tags, use of, at, 639.
- Effects of patients and dead, 760, 761.
- Equipment of, 866, 869.
- Establishment of, 630, 632, 751.
- Evacuation of, 625, 628, 630, 637, 642 to 646.
- Field hospitals, replacement by, 658, 795.
- General provisions, 630 to 642, 647.
- Location of, 598, 632, 633.
- Moving, 625, 647.
- Number to be opened, 634, 751.
- Opening, 625, 634, 635.
- Packing equipment of, 869.
- Records, number of patients, etc., to be noted, 641.
- Shelter, 633.
- Transportation of wounded to and from, 625, 628, 630, 635.
- Treatment at, character of, 637, 638.

Durable Property:

See *Hospital Fund*.

Duty, Line of:

- Record of, on register of patients, 437, 438.

Duty, Return to:

- Record of, on register of patients and reports of sick and wounded, 439, 452.
- Surgeon to decide when patients shall be returned to duty, 255.

Dysentery:

- Care of, 204, 205.

Ear, Nose, and Throat Case:

- Contents of, 815.

Educational Functions of the Medical Department:

- General provisions concerning, 127 to 177.

Effects of Dead and of Patients:

See *Private Property*.

Efficiency Reports:

- Civilian employees, 114 to 122.
- Nurse Corps, 89.

Electric Current:

- Requisitions for, 499.

Emblem of Sanitary Service:

See *Insignia*.

Emergency Case:

- Contents of, 824.

Employees:

See *Civilian Employees*.

Engineer Battalion:

- Sanitary personnel of, 577.

Enlisted Men:

- Deaths, reports of, 268, 269.
- Details with Medical Department, 540.
- Discharge, physical examinations for, 390.
- Identification records of, 389.
- Laundry of clothing of, 326.
- Surgical treatment, refusal of, 272.
- Valuables of patients, forbidden to receive, 273.

Enlistments:

- While in hospital, effect of, on register of patients, 420.

See also *Hospital Corps*.

Epidemic Diseases:

See *Diseases, Epidemic*.

Equipments:

- Chief surgeons' offices, 879.
- Dentists' offices, 508, 841.
- Field, suggestions for improvement of, 484.
- Horse equipments, 39, 910.
- Hospital Corps, 38, 40, 42, 909, 910.
- Packing, methods of packing personal equipments of enlisted men, 40.
- Sanitary units, see under their several heads.
- Wounded on the field, 762.

Estimates, Construction and Repair of Hospitals:

- Chief surgeon of field army to submit, 593.

Evacuation:

- Chief problem of Medical Department, 592.
- Chief surgeons to arrange, 593, 598.
- Convoys of, immune from capture, 802.
- Of base hospitals, 715, 716, 719.
- Of cantonment hospitals, 741.
- Of dressing stations, 637, 642 to 646.
- Of evacuation hospitals, 686, 689, 702, 707, 709.
- Of field hospitals, 664 to 668, 686, 689, 690, 693.
- Of first-aid stations, 619.
- Of stations for slightly wounded, 679.
- Selection and classification of patients for, 592.

Evacuation Hospitals:

- Antiseptics for, 848.
- Appliances for, 852.
- Baggage allowances for, 856 note.
- Bedding for, 851.
- Blanks for, 850.
- Books for, 850.
- Closing of, 708.
- Clothing for, 851.
- Combination of two or more, 710.
- Commanding officer, duties of, 712.
- Designation of, 698.
- Disinfectants for, 848.
- Evacuation of, 686, 689, 702, 707, 709.
- Field chests for, 851.
- Field hospitals replaced by, 607, 686, 699, 704, 705, 795.
- Function of, 699, 702 to 707.
- Furniture for, 851.
- Hospital stores for, 849.
- Infective diseases, use of, for care of, 699.
- Instruments for, 852.
- Line of communications units, 575.
- Location of, 700, 701 to 705, 708.
- Medicines for, 847.
- Miscellaneous medical supplies for, 854.
- Moving, 701 to 705, 708.
- Number allowed, 578, 697.
- Ordnance Department supplies for, 857.
- Packing cases for, 860 to 862.
- Personnel of, 586, 711.
- Quartermaster's Department supplies for, 856.
- Records, reports, and returns, 712, 785.
- Relation to organization of Medical Department in campaign, 560.
- Reports of sick and wounded, strength of command, 451.
- Sick from front to be assembled at, in advance of battle, 598.
- Stationery for, 850.
- Subsistence Department supplies for, 858.
- Supplies for, 846 to 862.

Evacuation Hospitals—Continued.

- Surgical dressings for, 853.
- Tentage allowances for, 856 note.
- Transportation of patients to, 665.
- Treatment of wounded at, character of, 706.
- Weights to be carried by, 859.

Examinations:

- Acting dental surgeons, for appointment and promotion, 17 to 23, 392.
- Applicants for enlistment, physical, 388.
- Army and Navy General Hospital, physical, for admission to, 392.
- Cadets, physical, 381, 382.
- Candidates for commission, physical, 383.
- Color sense, 393.
- Contract surgeons, for appointment, 46.
- Dental Corps, 17 to 23, 392.
- Deserters, physical, 391.
- Enlisted men, for detail with the Medical Department, 540.
- Enlisted men, physical, for discharge, 390.
- Field appliances and chests, 532.
- Fort Bayard, physical, for admission to, 392.
- Government Hospital for the Insane, physical, for admission to, 392.
- Hearing, 393.
- Hospital Corps, sergeants first class and sergeants, 25, 32, 33.
- Infective diseases, examinations of troops for discovery of, 602, 765, 766.
- Instruments, monthly, 530.
- Medical Corps, for appointment and promotion, 2 to 12.
- Medical property, annual, 522.
- Medical Reserve Corps, for appointment, 14 to 16.
- Nurse Corps, 48, 49, 51, 55, 56, 392.
- Officers, annual, physical, 387.
- Officers, for detail with Medical Department, 540.
- Officers, physical, for leave of absence, 38, 60.
- Officers, physical, for promotion, 384.
- Officers, physical, for retirement, 385.
- Physical, 381 to 393.
- Sick in field hospitals, 655.
- Sick with regiments on the march, 602.
- Vision, 393.
- Water, 248 to 253.

Examining Boards:

- For contract surgeons, 46.
- For Dental Corps, 17 to 23.
- For Hospital Corps, sergeants first class and sergeants, 25, 32, 33.
- For Medical Corps, 2 to 9.
- For Medical Reserve Corps, 14 to 16.
- See also *Army Medical Boards* and *Boards of Review*.

Exchanges, Post:

- Medical and hospital care of employees of, 300.

Expenses of Sales:

- Medical property, 519.

Expenses, Traveling:

- Acting dental surgeons, candidates for employment as, 20.
- Civilian employees, 97, 111.
- Contract surgeons, 46.
- Medical Corps, candidates for appointment in, 3, 8.
- Militia officers, while attending Army Medical School, 140.
- Nurse Corps, 48, 62, 64, 65, 74 to 77.

Extension Slips:

- Use of, 423.

Eye Case:

- Contents of, 816.

Families:

- Definition of, with respect to medical attendance, 299.

Feces:

- Disinfection of, 192.

Female Nurses:

- See *Nurse Corps*.

Field Appliances:

- Inspections of, 532.
- Post use, 532.

Field Army, Chief Surgeon:

- See *Chief Surgeon, Field Army*.

Field Army, Headquarters:

- Medical attendance at, 593.
- Sanitary personnel of, 578.

Field Artillery, Regiment:

- Sanitary personnel of, 577.

Field Chests:

- See *Cases, Chests, etc.*

Field Desk:

- Contents of, 895.

Field Desk, Dental:

- Contents of, 840.

Field Equipment:

- Improvement of, suggestions for, 484.

Field Furniture:

- Post use forbidden, 532.
- Tent unit of, contents, 904.

Field Hospital Directors:

- See *Directors of Field Hospitals*.

Field Hospitals, in Time of War:

- Antiseptics for, 848.
- Appliances for, 852.
- Baggage allowances with, 856 note.
- Bedding for, 851.
- Blanks for, 850.
- Books for, 850.
- Camps, 652, 740.
- Cantonment hospital, use of, as, 653.
- Closing, 668, 669.
- Clothing for, 851.
- Commanding officer, 558, 652, 655.
- Dead, disposition of, 663.
- Departments of, 660.
- Designations of, 654.
- Disinfectants for, 848.
- Dressing stations, replacement of, 658, 795.
- Duties, general, 651 to 653.
- Duties, in combat, 656 to 670.
- Duties, on the march, 652, 738.
- Duty, to serve with mobile forces in the field, 574, 576, 651.
- Establishment of, 655, 751.
- Evacuation hospitals, replacement by, 667, 686, 699, 704, 705, 795.
- Evacuation of, 598, 664 to 668, 686, 689, 690, 693.
- Field chests for, 851.
- Furniture for, 851.
- General provisions concerning, 651 to 670.
- Guards, 556, 557.
- Hospital stores for, 849.
- Immobilization of, 651, 653, 670.
- Instruction of, at camps of mobilization, 735.
- Instruments for, 852.

Field Hospitals, in Time of War—Continued.

- Law authorizing, 25.
- Location of, 598, 657, 658.
- Medicines for, 847.
- Miscellaneous medical supplies for, 854.
- Moving, 653, 668, 669.
- Number allowed to each division, 578.
- Number to be established, 659.
- Opening, 659, 669.
- Ordnance supplies for, 857.
- Packing cases for, 860 to 862.
- Personnel, 582, 656, 749.
- Quartermaster's Department supplies for, 856.
- Records, reports, and returns, 655, 785.
- Reports of sick and wounded, strength of command on, 451.
- Stationery for, 850.
- Station, on march, 738.
- Station, to be assembled in rear of division in advance of battle, 598.
- Station, with mobile troops, 651.
- Subsistence Department, supplies for, 858.
- Supplies for, allowances, general, 846 to 863.
- Supplies for, medical, whence issued, 574.
- Surgical dressings for, 853.
- Tentage allowances for, 856 note.
- Transportation of wounded to and from, 625, 628, 630, 665.
- Treatment at, character of, 662.
- Wagons of, directions for loading, 863.
- Weights to be carried, 859.
- Wounded, slightly, disposition of, 661.

Field Hospitals, Peace Organization:

- Certificates of proficiency for men under instruction, 157, 158.
- Commanding officer, 150.
- Discipline, 151.
- Duties of permanent personnel, 150.
- Equipment, 152.
- Instruction, courses of, 153 to 160.
- Law authorizing, 25.
- Officer in charge of instruction, 150.
- Personnel, 149.
- Records of class work, 156.
- Records, reports, and returns, 160.
- Reports of proficiency, on transfer of men to stations, 36, 159.
- Use of, in instruction of Hospital Corps, 148 to 160.

Field Laboratories:

- Establishment and function of, 686, 732.
- Outfit for, 873.
- Records, reports, and returns, 788.
- Relation to Medical Department organization in campaign, 560.

Field Medical Service:

- General provisions, 535 to 803.

Field Medical Supplies:

- See *Medical Supplies, Requisitions, and Supply Tables.*

Field Mess Outfit for 108 Patients:

- Contents of, 890.

Field Microscopical Outfit:

- Contents of, 897.

Field Packet (First-Aid):

- Contents of, 898.

Field Range No. 1:

- Contents of, 901.

Field Range No. 2:

- Contents of, 902.

Field Supply Table:

- See *Supply Table, Field.*

Field Wagon:

- See *Wagons, Field.*

Files:

- Documents, 400 to 405, 408, 782, 783, 785.
- Register cards, 260, 421.
- Register cards, dental, 477.

Fire:

- As disinfectant, 182.

Firearms:

- Guards for sanitary formations, 556, 802.
- Hospital Corps, 41.
- Wounded on the field, 762.

First Aid:

- Instruction in, 127, 177, 593, 598, 602.

First-Aid Packets:

- Contents of, 898.
- Issues of, 493, 799.
- Personnel to be provided with, 602, 799.
- Regulations for use of, 533.
- Wounded to apply, when, 750.

First-Aid Stations:

- Closing, 613, 620.
- Combination of two or more, 751.
- Combination with dressing station, 751.
- Crowding, 618.
- Effects of patients and dead, 760, 761.
- Equipments of, 609, 613, 872.
- Establishment of, 609, 611, 751.
- Evacuation of, 619, 625.
- Location, 612.
- Moving, 613, 620.
- Number to be opened, 611, 751.
- Opening, 611.
- Packing equipment of, 872.
- Personnel, 613, 614.
- Shelter, 612.
- Supplies for, 609, 613, 872.
- Transportation of wounded to and from, 609, 614, 615, 619, 625, 635.
- Treatment at, character of, 617.

Flags:

- Hospital ships, 803.
- Sanitary service, 591, 802.

Floor Dressings:

- Rule for making, 809 note.

Floors:

- Disinfection of, 192.
- Hospitals, oiling, painting, etc., 304.
- Operating rooms, cleanliness of, 305.

Folding Field Furniture, Tent Unit:

- Contents of, 904.

Food Stations:

- Red Cross, 546.

Food Supplies:

- Hospitals, 284, 286.
- See also *Hospital Fund.*

Forceps Case, Hemostatic:

- Contents of, 813.

Forfeiture of Commission:

- Medical Reserve Corps, 13.

Formaldehyde:

- Gas, rule for generating, 805 note.
- Gas, use of, as disinfectant, 185*b*, 192*m*, 192*n*.
- Solution, use of as disinfectant, 185.

Formalin:

- Use of, 185, 191.

Forms:

See *Blanks*.

Formula:

Unofficial compound medicinal preparations, 806.

Fort Bayard:

See *Bayard, Fort*.

Fractures:

Record of, on register of patients, 444.

Fuel:

Requisitions for coal, gas, and oil, 499.

Fund, Hospital:

See *Hospital Fund*.

Furloughs:

Chief surgeons to recommend, 371, 593.

Hospital Corps, 35, 371, 593.

Record of, on register of patients, 439.

Furniture:

Base hospitals, 851.

Dental, 508, 838, 841.

Evacuation hospitals, 851.

Field hospitals, 851.

Field, use at posts forbidden, 532.

Folding field, tent unit of, contents, 904.

Nurses' quarters, 72.

Operating rooms, 305, 809, 855.

Painting, 531.

Post supply table, 809.

Repairs, 531.

Reserve medical supplies, 851.

Furs:

Disinfection of, 192.

Gardener, Hospital:

Gratuities to, 314.

Garden, Hospital:

Products of, 284, 307.

Gas:

Acetylene illuminating outfit, 886.

Requisitions for, 499.

General Hospitals:

Additional, to be established in time of war, 560, 562.

Administration, rules for, 337.

Lines of communication, 575.

Reports of sick and wounded, strength of command at, 451.

Voluntary aid, acceptance of, 549 to 551.

See also *Army and Navy General Hospital, Bayard, Fort, Government Hospital for the Insane, and Hospitals*.

General Operating Case:

Contents of, 811.

Geneva Convention of 1906:

Provisions of, 802.

"Geneva Cross":

Use of words, 802.

Genito-Urinary Case:

Contents of, 814.

Gifts:

Collection and forwarding of, 546.

Gonorrhœa:

Care of, 232.

Government Hospital for the Insane:

Examinations, physical, for transfer to, 392.

Transfer cards of cases sent to, 266.

Gratuities:

See *Hospital Fund*.

Guards:

Sanitary service, 556, 557, 802.

Gynecological Case:

Contents of, 819.

Hæmostatic Forceps Case:

Contents of, 813.

Hague Convention of 1907:

Provisions of, 803.

Harness:

Parts of, 908.

Hats:

Disinfection of, 192.

Headquarters of Armies, Field Armies, Divisions

and Lines of Communications:

Sanitary personnel of, 578, 579.

Health, Boards of:

See *Boards of Health*.

Hearing:

Examinations of, 393.

Heart Disease:

Record of, on register of patients, 444.

Hernia:

Discharge for, 271.

Record of, on register of patients, 444.

Treatment of, 271.

History, Medical, of Posts:

See *Medical History of Posts*.

History Sheet:

Clinical records, 463.

Horse Equipments:

See *Equipments*.

Hospital Boats:

See *Hospital Ships*.

Hospital Buildings:

Floors, 304.

Operating room, 305.

Quarters of sergeant first class, Hospital Corps, 303.

Repair of, 303.

Reports of progress of work on, 303.

Room for chemical and bacteriological sets, 306.

Hospital Charges:

Army and Navy General Hospital, 351, 352.

Fort Bayard, 361 to 366.

Hospital Clothing:

See *Clothing*.

Hospital Corps:

Acting cooks, 26, 27, 314.

Acting hospital stewards, 25.

Arms, 41.

Bedding, use of, by, 524.

Certificates of proficiency, 157, 158, 172, 173.

Changes of station or status, reports of, 35.

Clothing, allowances, 37.

Clothing, white, when to be worn, 37.

Constitution of, 25.

Corporals, 25.

Deaths, reports of, 35, 269.

Descriptive and assignment cards, 30, 42.

Descriptive lists, 30, 42, 159, 173.

Desertions, 35.

Discharges, 35, 593.

Duties, 25.

Enlistments in, 29, 35, 369, 593.

Equipments, 38, 39, 40, 42, 909, 910.

Furloughs, 35.

Horse equipments, 39, 909.

Hospital stewards, 25.

Instruction of, 127, 148 to 175, 598.

Instruction of dental assistant, 24.

Hospital Corps—Continued.

- Lance corporals, 28.
- Laundering of white clothing, 37, 326 to 336.
- Laws establishing, 25.
- Medical Department, part of, 1.
- Noncommissioned officers, duties, 34.
- Privates, and privates first-class, 25.
- Return of, 413.
- Sergeants first-class and sergeants, 25, 31 to 34, 269.
- Service kits, 38.
- Shelter-tent half, not to accompany in cases of transfer, when, 43.
- Sickness, report of, 35.
- Transfers to, 25, 29, 30, 593.
- Transfers to new stations, surgeons old stations to advise surgeons of new stations concerning proficiency, etc., 36, 159.
- See also, *Ambulance Companies, Companies of Instruction and Field Hospitals.*

Hospital Corps Pouch:

- Contents of, 899.

Hospital Councils:

- To audit hospital fund, 318.

Hospital Detachments:

- Red Cross, 546.

Hospital Employees:

- See *Civilian Employees.*

Hospital Fund:

- Accountability for, 311, 320 to 322.
- Audit of, 318, 369, 593.
- Company fund, equivalent to, 309.
- Cows purchased with, 316.
- Custodian of, 310, 311, 320, 321.
- Durable property bought with, 319 to 322.
- Expenditure of, 309, 313, 315, 316, 369, 593.
- Gratuities, 314.
- Liquors, wines, beers, purchase restricted, 315.
- Mess accounts, 292.
- Purchases with, 284, 315, 316.
- Receipts to be taken, 313.
- Sources of, 307, 308, 353, 365.
- Statements of, 320 to 322, 369, 593.
- Transfer of, 317, 321.

Hospital Garden:

- Products of, 284, 307.

Hospital Gardener:

- Gratuities to, 314.

Hospital Laboratories:

- Bacteriological set, 828.
- Chemical set, 829.
- Room, 306.

Hospital Laundry:

- See *Laundry, Hospital.*

Hospital Matrons:

- Allowances of, 325 to 327.
- Discharge, 326.
- Duties, 326.
- Farming work forbidden, 326.
- Law authorizing, 325.
- Leave of absence, 326.
- Pay, 325 to 327.
- Rations, 325 to 327.
- Statement of work done by, 336.

Hospital Safe:

- Combination of, 312.

Hospitals, Base:

- See *Base Hospitals.*

Hospitals, Cantonment:

- See *Cantonment Hospitals.*

Hospitals, Civilian:

- See *Civilian Hospitals.*

Hospitals, Classes of:

- Enumeration, 254.

Hospitals, Contagious Disease:

- See *Contagious Disease Hospitals.*

Hospital Service:

- Administration, suggestive rules for, 255.
- Bedding, hospital, to be used only in hospitals, 524.
- Commanding officer, duties and title, 255, 288, 313, 558.
- Correspondence record and document file system, 400 to 408.
- Fund, see *Hospital Fund.*
- General provisions, 254 to 368.
- Gratuities, 314.
- Hospital stores, expenditure of, 255, 286.
- Ice for, 323, 324.
- Laundry, see *Laundry, Hospital.*
- Medicines, expenditure of, 255.
- Mess management, 255, 284 to 294. (See also, *Hospital Fund.*)
- Morning reports of sick, 261.
- Muster rolls, 255.
- Operating room, 305.
- Patients, admission, distribution and record of, 255 to 263, 267.
- Patients, appliances transferred with, 281.
- Patients, civilian employees of post exchanges, 300.
- Patients, clinical records of, see *Clinical Records.*
- Patients' clothing, laundering of, 274, 326 to 336.
- Patients, clothing to be worn by, 281.
- Patients, duties to be performed by, 255.
- Patients' effects, 257, 273 to 279.
- Patients, transfers and transfer cards of, 226, 231, 256, 257, 259, 264 to 267, 281, 356, 358.
- Pay rolls, 255.
- Prescriptions, 295 to 298.
- Property, use and care of, 522 to 532.
- Public property brought in by patients, 280.
- Records, reports, and returns, 255, 395, 396.
- Regulations for interior administration, suggestive, 255.
- Senior medical officer's title, 558.
- Sick call, its purpose, 261.
- Ward morning reports, 258, 259.
- See also *Medical Attendance.*

Hospitals, Evacuation:

- See *Evacuation Hospitals.*

Hospitals, Field:

- See *Field Hospitals.*

Hospitals for Camps of Mobilization:

- See *Camps, Mobilization.*

Hospitals for Infective Diseases:

- See *Contagious Disease Hospitals.*

Hospitals for Prisoners of War:

- Provisions concerning, 560, 566.

Hospitals, General:

- See *General Hospitals.*

Hospital Ships:

- Belligerent's rights in respect to enemy's, 803.
- Capture, immunity from, 802, 803.
- Capture of sick and wounded aboard, 803.
- Command of, 570.

Hospital Ships—Continued.

- Equipment and supplies for, 570, 726, 730, 794, 876.
- Flags, 803.
- Insignia of, 803.
- Line of communications, 575, 726, 730.
- Not to be diverted from Medical Department, 570, 796.
- Personnel, 588, 726, 730.
- Privileges in neutral ports, 803.
- Records, reports, and returns, 570, 785.
- Red Cross, 546, 570.
- Register of patients on, 417.
- Relation to organization of Medical Department in campaign, 560.
- Reports of sick and wounded, strength of command on, 451.
- To relieve sick and wounded and shipwrecked of all belligerents, 803.
- Use and operation of, 570, 592, 726, 730.
- Zone between base and home territory, 561.
- See also *Ships for Patients*.

Hospitals, Isolation:

- Branches of cantonment hospitals, 742.
- See *Cantonment Hospitals*; also, *Contagious Disease Hospitals*.

Hospitals, Post:

- See *Hospital Service*.

Hospitals, Receiving:

- Provisions concerning, 560, 564.

Hospitals, Red Cross:

- Provisions concerning, 546.

Hospitals, Regimental:

- See *Regimental Hospitals and Infirmaries*.

Hospital Steward:

- See *Hospital Corps*.

Hospital Stores:

- Ambulance box of, contents, 880.
- Base hospitals, 849.
- Box of, contents, 896.
- Evacuation hospitals, 849.
- Expenditures, in hospitals, 255, 286.
- Field hospitals, 849.
- Issues and sales to civilians, 296 to 298.
- Post supply table, 805.
- Reserve medical supplies, 849.
- Use of, to prepare delicacies for the sick, 286.

Hospital Trains:

- Capture, immunity from, 802.
- Command of, 568.
- Equipment and supplies for, 568, 726, 728, 794, 877.
- Line of communications, 575, 726 to 729.
- Not to be diverted from Medical Department, 796.
- Personnel, 583, 726, 727.
- Records, reports, and returns, 568, 785.
- Red Cross, 546.
- Register of patients on, 417.
- Relation to Medical Department organization in campaign, 560.
- Reports of sick and wounded, strength of command on, 451.
- Use and operation of, 568, 592, 726, 729.
- Zone between base and home territory, 561.
- See also *Trains for Patients*.

Hot Springs, Ark.:

- See *Army and Navy General Hospital*.

Hygiene:

- Chief surgeons to devise measures of, 593, 598.
- Instruction in, 127, 176, 537, 593, 598, 602.

Hypodermic Syringe:

- Accessories, 823.

Ice:

- For hospitals, 323, 324.

Identification:

- Of dead, 764, 802.

Identification Records:

- Of recruits, 389.

Identification Tags:

- Provisions concerning, 798.

Identify, Certificates of:

- Provisions concerning, 553 to 555, 802.

Index Catalogue:

- Library, Surgeon General's Office, 128.

Index Medicus:

- Library, Surgeon General's Office, 128.

Index to Register of Patients:

- How made, etc., 421.

Infantry Division:

- Sanitary personnel, 578.

Infantry Regiment:

- Sanitary personnel, 577.

Infected Clothing and Property:

- Treatment of, 192, 283.

- See also *Disinfection*.

Infective Diseases:

- See *Diseases, Infective*.

Infective Disease Hospitals:

- See *Contagious Disease Hospitals*.

Infirmary, Regimental:

- See *Regimental Hospitals and Infirmaries*.

Influenza:

- Care of, 221.

Information Bureaus:

- Red Cross, 546.

Information Ships:

- Use of, 406 to 408.

Inhabitants of Occupied Territory:

- See *Medical Attendance (Inhabitants, etc.)*.

Injuries:

- Record of, on register of patients, 435 to 444.
- Reports of, civilian employees, 126.

Ink:

- On medical history of posts, 473.
- On register of dental patients, 478.
- On register of patients, 423.
- On reports of sick and wounded, 448.

Insane:

- See *Government Hospital for the Insane*.

Insignia:

- Brassards, 553, 554, 802.
- Flags of sanitary service, 802.
- Hospital ships, 803.
- Sanitary matériel, 800, 802.
- Sanitary personnel, 553 to 555, 802.
- Sanitary units, 591, 802.

Inspections:

- Ambulance companies, by directors, 623.
- Field appliances and chests at posts, 532.
- Nurse Corps, by superintendent, 49.
- Posts, by department chief surgeons, 371.
- Sanitary, chief surgeons of tactical divisions to direct, 598.
- Sanitary, general provisions for, 765 to 775.
- Sanitary, of troops, before mobilizing, for detection of infective disease and exclusion of physically unfit, 765, 766.
- Sanitary, of troop trains, 767.

Inspections—Continued.

- Sanitary, reports of, 766, 770 to 772.
- Sanitary, rules for, 178.
- Supplies, at camps of mobilization, to detect deficiencies, 736.

Inspectors, Sanitary:

- Allowance and selection of, 578, 579, 768.
- Commanding officers to assist, 769, 775.
- Duties of, 598, 733, 768 to 775.
- Home territory, 560, 571.
- Reports of, 769, 770 to 772.

Instruction:

- First aid, 127, 177, 593, 598, 602, 799.
- Hospital Corps, 24, 127, 148 to 175, 598.
- Hygiene, 127, 176.
- Personal hygiene, 537, 593, 598, 602.
- Personnel, medical, in camps of mobilization, 735.
- See also *Army Medical School*, *Army Field Service School*, and *Correspondence School*.

Instruction, Companies of:

- Law authorizing, 25.

Instruction Packet:

- Contents of, 898.

Instruments:

- Base hospitals, 852.
- Cases of, receipts for, 511.
- Dental, emergency requisition for, 507.
- Dental, portable outfit, 836.
- Disposition of, on abandonment of posts, 521.
- Examinations of, monthly, 530.
- Evacuation hospitals, 852.
- Field hospitals, 852.
- Meteorologicals, 534.
- Operating room, 305.
- Post supply table, 809.
- Removal from hospital, 523.
- Repair of, 530.
- Reserve medical supplies, 852.

Intercurrent Diseases:

- Record of, on register of patients and reports of sick and wounded, 435, 438, 459.

Internment:

- Of sick and wounded in neutral territory, 802, 803.

Invoices:

- Articles purchased, 378, 486.
- Articles transferred, 509 to 512, 516, 795.
- Broken packages, 516.
- Interlineations forbidden, 485.
- To conform to supply tables, 485.
- Unserviceable articles, 512.

Isolation Hospitals:

- Branches of cantonment hospitals, 742.
- See *Cantonment Hospitals*; also *Contagious Disease Hospitals*.

Jars:

- Of dispensing set, 807.

Keepsakes:

- See *Private Property*.

Kitchens:

- Supervision of, by sanitary detachments, 604.

Kits, Service:

- Hospital Corps, 38.

Laboratories, Dental:

- Outfit, 842.

Laboratories, Field:

- See *Field Laboratories*.

Laboratories, Hospital:

- See *Hospital Laboratories*.

Laborers:

- See *Civilian Employees*.

Labor Regulations:

- See *Civilian Employees*.

Lamps, Spirit:

- Issue of medical property for, 525.

Lance Corporals:

- See *Hospital Corps*.

Latrines:

- Supervision of, by sanitary detachments, 604.

Laundry, Hospital:

- Accounts for, 329, 330, 332, 335, 336.
- Advertising for proposals for, 330, 331.
- Bedspreads and bedding, 326 to 336.
- Blankets, 326 to 336, 527.
- Bonds for contracts for, 334.
- Canvas for litters, 529.
- Clothing, hospital, 326 to 336.
- Contracts, 332 to 334.
- Cost of, 327.
- Definition of what comprises, 326.
- Dentists' office linen, 326 to 336.
- Enlisted attendants' white clothing, 326 to 336.
- Excess, not done by matron, to be put out, 327 to 336.
- Matron to do not less than 500 pieces, 326.
- Nurses' quarters, linen from, 72.
- Nurses' uniforms, 86, 326 to 336.
- Patients' clothing, 274, 326 to 336.
- Red Cross, 546.
- Water, disinfection of, 192.

Leather:

- Disinfection of, 192.

Leaves of Absence:

- Civilian employees, 123 to 125.
- Matrons, hospital, 326.
- Nurse Corps, 48, 68, 79 to 82.
- Record of, on register of patients, 417, 439.
- Sick leaves, officers, chief surgeons to recommend, 369, 593.
- Sick leaves, officers, physical examinations for, 386.

Lenses, Trial, Case of:

- Contents of, 817.

Library, Surgeon-General's Office:

- General provisions, 127 to 129.
- Index catalogue, 128.
- Index Medicus, 128.
- Loan of books, 129.

Lime:

- Disinfectant, 189.
- Purchase of, post supply table, 805 note.

Lime, Chlorinated:

- Disinfectant, 190, 191.

Lime, Milk of:

- Disinfectant, 191.

Linen:

- See *Clothing and Laundry, Hospital*.

Line of Communications:

- Medical service of, 685 to 732.
- Sanitary personnel of, 578, 579.

Line of Duty:

- Record of, on register of patients, 437, 438.

Linoleum:

- Allowances of, and requisitions for, 499.

Liquors:

- Prescriptions for, to be kept on separate file, 295.
- Purchase of, with hospital fund, 315.

Litter Bearers:

- For evacuating patients, 592.
- Hospital Corps, privates of, to do duty as, 25.
- Volunteers, field, 547 to 551.

Litters:

- Canvas for, repairing and washing of, 529.
- Fittings for freight cars, 878.
- Mule, for evacuating patients, 592.
- Regimental service, 609.
- Transportation of, on the march, 796.
- Wounded on, when to be removed from, 646.

Loading of Mules and Wagons:

- See *Packing*.

Malaria:

- Care of, 227, 228.

Malingering:

- Record of, on register of patients, 444.

March, Medical Service on:

- Ambulance company, place of, 738.
- Care of the sick and wounded, 652, 738, 739.
- Chief surgeons, duties and stations, 737.
- Field hospitals, duties and stations, 652, 738.
- General provisions, 737 to 739.
- Litters, how carried, 796.
- Regimental ambulance and sanitary personnel, 738.

Marine Corps:

- Patients at Army and Navy General Hospital, 347, 349, 351.
- Patients at Fort Bayard, 357, 363.

Marking of Boxes:

- For packing field supplies, 861.

Marriages:

- Record of, in medical histories of posts, 472, 474.
- Record of, on reports of sick and wounded, 454.

Matrons, Hospital:

- See *Hospital Matrons*.

Matting, Rubber:

- Allowances of, and requisitions for, 499.

Mattresses:

- Disinfection of, 192.

Measles:

- Care of, 208 to 212.
- Reports of appearance of, 245.

Measures:

- Metric system to be used in prescriptions, 295.
- Of supply tables to be followed, when, 485.

Medical Attendance:

- Camps, 740 to 744.
- Camps, mobilization, 733 to 736.
- Civilian employees of post exchanges, 300.
- Combat, 745 to 764. See also *Combat*
- Families of officers and enlisted men, 299.
- Front, 593 to 684.
- Headquarters, field armies and divisions, 593, 598.
- Hernia, 271.
- Inhabitants of occupied territory, 776, 777.
- Line of communications, 685 to 732.
- March, on the, 652, 738, 739.
- Nurse Corps, 48, 78.
- Private practice of medical officers, 301.
- Refusal of treatment, 272.
- Regimental, 601 to 621.
- See also the several *Hospitals*, and *Hospital Service*.

Medical Books, Box of:

- Contents, 883.

Medical Chest:

- Contents, 889.

Medical Corps:

- Allowances of, 2.
- Appointments in, 2 to 9.
- Army Medical School, qualified candidates to attend, 8.
- Constitution of, 2.
- Discharges from, 2.
- Examinations for appointment in, preliminary and final, 2 to 7, 9.
- Examinations for promotion in, 10 to 12
- Expenses of candidates for appointment, 3, 8.
- Law establishing, 2.
- Medical Department, part of, 1.
- Pay, 2.
- Promotions, 2, 10 to 12.
- Qualifications for appointment in, 3.
- Rank, 2.
- Retirement, 2.

Medical Department:

- Constituents of, 1, 559.
- Details with, for field service, 540.
- Distribution in campaign, 572.
- Duties, educational, 127.
- Duties in the field, 535, 592.
- Duties of, general, 1.
- Organization, field, 560, 572.
- Organization, general, 1.
- Organization, peace, 561.
- Personnel, 538 to 559. See also *Sanitary Personnel*.

Medical Department, Regimental:

- See *Regimental Hospitals and Infirmaries*, *Regimental Medical Service*, and *Regimental Sanitary Personnel*.

Medical History of Post:

- Births, record of, 472, 474.
- Copies of reports not to be pasted in, 473.
- Deaths, record of, 472, 474.
- Entries in, 472, 473.
- Marriages, record of, 472, 474.
- Sanitary data to be noted in, 415.

Medical Inspections:

- See *Inspections*.

Medical Inspectors:

- See *Inspectors, Sanitary*.

Medical Officers:

- Accountability of, for medical property, 514 to 518.
- Army Medical School, in attendance at, 139.
- Changes of station or status, reports of, 410.
- Commissaries, 540.
- Deaths of, reports of, 268, 269.
- Disbursing officers. See *Disbursing Officers*.
- Personal reports of, 409, 410.
- Private practice of, 301.
- Quartermasters, 540.
- Reports and returns by, 395.
- Reserve Corps, inactive, reports of changes of address, 412.
- Responsibility for suffering due to failure to require for supplies, 498, 568, 602, 628, 655, 682, 696, 712, 719, 723.
- Sanitary duties, 178, 537.
- Titles of senior, 558.
- See also *Dental Corps*, *Medical Corps*, and *Medical Reserve Corps*.

Medical Property:

- Abandonment of posts, disposition on, 521.
- Accountability for, 136, 282, 380, 510, 514 to 518.
- Appliances issued to or transferred with patients, 281, 282.
- Army Medical School, 136.
- Bedding, use by Hospital Corps, 524.
- Blankets, airing, inspection, and laundry of, 527.
- Bougies, preservations of, 528.
- Canvas in litters, washing and replacing, 529.
- Care of, 522 to 532.
- Catheters, preservation of, 528.
- Cleaning mixtures, 525.
- Cosmetics, 525.
- Examinations of, annual, 522.
- Exchange with druggists, 526.
- Field appliances and chests, inspections and use of, at posts, 532.
- First-aid packets, see *First-Aid Packets*.
- Furniture, see *Furniture*.
- Instruments, see *Instruments*.
- Perfumery, 525.
- Removal from post, 523.
- Returns of, 136, 280, 282, 283, 380, 485, 510, 514 to 518.
- Sales, 519, 520.
- Spirit lamps, 525.
- Unserviceable, 520, 593.
- See also *Medical Supplies*.

Medical Reserve Corps:

- Addresses, changes of, inactive, 412.
- Allowances, 13.
- Appointments in, 8, 13 to 16.
- Assignment to active duty, 9, 13.
- Authority of officers of, 13.
- Discharge, 8, 13.
- Forfeiture of commission, 13.
- Law establishing, 13.
- Medical Department, part of, 1.
- Pay, 13.
- Pension, 13.
- Qualifications for appointment in, 13, 14.
- Rank of officers of, 13.
- Relief from active duty, 13.
- Retirement, 13.

Medical School, Army:

- See *Army Medical School*.

Medical Superintendents, Army Transport Service:

- To report Medical Department personnel on transports, 414.

Medical Supplies:

- All necessary articles for military service included in supply tables, 484.
- Allowances of, see *Supply Tables*.
- Ambulance companies, whence issued, 574.
- Apparatus and appliances, improvement of, 484.
- Care and use of, 522 to 532.
- Defects in quality, quantity, and packing to be reported, 513.
- Deficiencies, responsibility of medical officers for suffering due to, 498, 568, 602, 628, 655, 682, 696, 712, 719, 723.
- Dentists, issues of post supplies to, 507, 508.
- Exchange of, on evacuation hospitals replacing field hospitals, 795.

Medical Supplies—Continued.

- Exchange of, on field hospitals replacing dressing stations, 795.
- Exchange of, with druggists, forbidden, 526.
- Field hospitals, whence issued, 574.
- General provisions concerning, 484 to 534.
- Hospital ships and hospital trains, whence issued, 728, 730, 794.
- Improvement of, 484.
- New remedies, 484.
- Packing, methods and defects, 513, 845, 860 to 862.
- Purchases of, see *Purchases*.
- Requisitions for, see *Requisitions*.
- Stations for slightly wounded, whence issued, 673.
- Transfer of, 281, 485, 509 to 513, 516, 795.
- Transportation of, 796, 797.
- See also *Medical Property*, *Sanitary Matériel*, and *Supply Tables*.

Medical Supply Depots:

- Additional to be established in time of war, 567.
- Correspondence record and document file system, 380, 400, 404 to 408.
- Line of communications, 575.
- Purchases at, 486, 501, 723, 793.
- Records, 380, 400, 404 to 408.
- See also *Base Medical Supply Depots*, *Medical Supply Officers*, and *Reserve Medical Supplies*.

Medical Supply Officers:

- Action on appro- requisitions, 501, 682, 724.
- Duties of, 380, 486, 501.
- See also *Medical Supply Depots*.

Medical Supply Tables:

- See *Supply Tables*.

Medicinal Preparations, Nonofficial:

- Formulæ of, 806.

Medicines:

- Base hospitals, 847.
- Containers for, in the field, 845.
- Dental portable outfit, 836.
- Evacuation hospitals, 847.
- Exchange of, with druggists, 526.
- Expenditure of, in hospitals, 255.
- Field hospitals, 847.
- Issues and sales to civilians, 296 to 298.
- Packing for field service, 860 to 862.
- Posts, 805.
- Reserve medical supplies, 847.

Meningitis, Cerebro-Spinal:

- Care of, 238 to 244.
- Report of appearance of, 245.

Mercuric Chloride:

- Disinfectant, 187, 191.

Mess Accounts:

- Provisions concerning, 288, 290, 292.

Mess Chest, Large, for 108 Patients:

- Contents, 891.

Mess Chest, Small, for 25 Patients:

- Contents, 892.

Messengers:

- Employment of, 97, 102, 107.

Mess Management, Hospitals:

- Provisions concerning, 255, 284 to 294.
- See also *Hospital Fund*.

Mess Outfit, Field, for 108 Patients:

- Contents, 890.

Meteorological Observations:

- Apparatus for and reports of, 534.

Metric System:

To be used in prescriptions, 295.

Microscopes, Field and Post:

Provisions concerning, 499, 826, 827, 897.

Military Convicts:

Record of, on register of patients and reports of sick and wounded, 427, 452, 453.

Militia Officers:

At Army Medical School, allowances, expenses, graduation, etc., 140.

Militia Patients:

Record of, on register of patients and reports of sick and wounded, 427, 453.

Milk of Lime, Solution:

Disinfectant, 191.

Mineral Oil:

Requisitions for, 499.

Miscellaneous Articles:

See *Supply Tables*.

"Miscellaneous Receipts:"

Proceeds of sales, 520.

Mobilization, Camps of:

See *Camps of Mobilization*.

Money of Dead and Patients:

See *Private Property*.

Morning Reports of Sick:

Provisions concerning, 261, 605.

Mosquitoes:

Destruction of, by sanitary detachments, 604.

Molding Strips:

Requisitions for, 499.

Mounts:

Allowances of, Medical Department, 578.

Mules, Pack:

Directions for loading, see *Packing*.

Mumps:

Care of, 220.

Museum, Army Medical:

See *Army Medical Museum*.

Muster Rolls:

Hospital, 255.

Names of Hospitals:

Record of, on register of patients, 441.

Names of Patients:

Record of, on register of patients, 426.

Nativity of Patients:

Record of, on register of patients, 430.

Navy:

Patients at Army and Navy General Hospital, 347, 349, 351.

Patients at Fort Bayard, 357, 363.

Nomenclature of Diseases:

For register of patients, 435, 444.

For register of dental patients, 480.

Nomenclature of Supply Tables:

To be followed on supply papers, 485, 497.

Nominal Check Lists:

With reports of sick and wounded, 445, 448, 455.

Nose, Ear, and Throat Case:

Contents of, 815.

Nosings, Rubber:

Requisitions for, 499.

Numbers, Register:

Register of patients, 260, 421, 432.

Numerical Statements:

Reports of sick and wounded, 452.

Nurse Corps:

Allowances, 48, 72 to 80, 86.

Appointments, 48, 49, 54 to 59, 392.

Assignments, 49, 66 to 69.

Badge, 87.

Changes of station or status, reports of, 90.

Chief nurses, 48 to 53, 70 to 72, 91.

Chief nurses' assistants, 95.

Commutation of rations, 73, 350, 367.

Constitution of, 48.

Deaths, reports of, 90.

Dietists, 294.

Discharges from, 48, 49, 52, 60 to 65, 78, 90.

Discipline, 49.

Duties, 94.

Efficiency reports, 89.

Examinations, candidates for appointment and promotion, 48, 49, 51, 55, 56, 392.

Furniture for quarters of, 72.

Head nurse, 93.

Inspections by superintendent, 49.

Laundry of uniforms, 86, 326 to 336.

Laws establishing, 48.

Leaves of absence, 48, 68, 79 to 82.

Medical attendance to members of, 48, 78.

Medical Department, is a part of, 1, 559.

Mess, 73.

Misconduct, 52, 60.

Pay and payments, 48, 53, 70, 71.

Promotions to chief nurse, 49 to 51, 53.

Qualifications for appointment, 48, 54 to 56, 59.

Quarters, 72, 91.

Reports and returns, 52, 67, 88 to 90.

Reserve nurses, 48, 96.

Sickness of nurses, to be reported to surgeon, 91.

Stations and tours of duty, 66 to 69.

Subsistence of, 73, 350, 367.

Superintendent, 48, 49.

Supervising night nurse, 92.

Surplus nurses, 67.

Transfers of nurses, 49, 69, 89, 90.

Transportation and traveling expenses, 48, 62, 64, 65, 74 to 77.

Uniforms, 83 to 87, 326.

See also *Nurses*.

Nurses:

Female (not in Nurse Corps), 97 to 101.

Hospital Corps privates to do duty as, 25.

Male, 97 to 101.

Medical Department, are part of, 559.

Volunteers for field service, 547 to 551.

See also *Nurse Corps*.

Obstetrical Bag:

Contents of, 820.

Office Equipment:

Chief surgeons in the field, 879.

Officers:

At Army and Navy General Hospital, see *Army and Navy General Hospital*.

At Fort Bayard, see *Bayard, Fort*.

Deaths of, reports of, 268, 269.

Line or staff, details with Medical Department, 540.

Medical, see *Medical Officers*.

Militia, see *Militia Officers*.

Physical examinations of, 384 to 387, 392.

Sick in quarters, 270.

- Oil, Mineral:**
 - Requisitions for, 499.
- Operating Case, General:**
 - Contents of, 811.
- Operating Case, Pocket:**
 - Contents of, 812.
- Operating Case, Small:**
 - Contents of, 885.
- Operating Rooms:**
 - Base hospitals, 855.
 - Evacuation hospitals, 706.
 - Field hospitals, 660.
 - Furniture for, 805, 809, 855.
 - Post hospitals, 305, 809.
- Operations, Dental:**
 - Abbreviations for, on register of dental patients, 481.
- Operations, Surgical:**
 - Record of, on register of patients, 438.
 - Reports of, 466 to 468.
- Orderly Pouch:**
 - Contents of, 900.
- Ordnance Department Property:**
 - Brought in by patients, 280.
- Ordnance Department Reports and Returns:**
 - From Medical Department units in the field, 779.
- Ordnance Department Supplies:**
 - Ambulance companies, 865, 866.
 - Base hospitals, 857.
 - Evacuation hospitals, 857.
 - Field hospitals, 857.
 - Horse equipments for Hospital Corps, 909.
 - Personal equipments for Hospital Corps, 910.
 - Regimental hospitals and infirmaries, 870.
 - Reserve medical supplies, 857.
- Organization of Medical Department:**
 - See *Medical Department*.
- Packers, Civilian:**
 - Employment of, 97, 102, 107.
- Packers' Lists:**
 - Use of, 509.
- Packets, First-Aid:**
 - See *First-Aid Packets*.
- Packing and Packing Cases:**
 - Ambulance companies, directions for loading wagons of, 868.
 - Boxes, for bottles for water samples, 253.
 - Boxes for evacuation hospitals, field hospitals, and reserve medical supplies, 800 to 802.
 - Containers for medicines for field units, 845.
 - Defects in, to be reported, 513.
 - Dental outfit, portable, 835.
 - Dressing station equipment, on pack mules, 809.
 - Field hospitals, directions for loading wagons of, 863.
 - First-aid station equipment, on pack mule, 872.
 - Regimental infirmary, directions for loading wagon of, 871.
 - Reserve medical supplies, directions for loading wagons of, 864.
- Painting:**
 - Floors, 304.
 - Furniture, 531.
- Paquelin's Improved Thermo-Cautery:**
 - Contents of, 822.
- Passengers, Medical, on Transports:**
 - To be reported by medical superintendent, Army Transport Service, 414.
- Patients:**
 - Arms and equipments of, on the field, 762.
 - Disposition of, on march, 652, 738, 739.
 - Effects of, see *Private Property*.
 - Evacuation, see *Evacuation*.
 - See also *Discipline, Hospital Service, and Medical Attendance*.
- Patients, Dental, Register of:**
 - See *Register of Dental Patients*.
- Patients, Register of:**
 - See *Register of Patients*.
- Pay:**
 - Civilian employees, 97, 99, 100, 104, 107, 111.
 - Contract surgeons, 44, 45.
 - Dental Corps, 17.
 - Hospital matrons, 325 to 327.
 - Medical Corps, 2.
 - Medical Reserve Corps, 13.
 - Nurse Corps, 48, 53, 70, 71.
 - Sanitary personnel in hands of enemy, 802.
- Peace Conference at The Hague, 1907:**
 - Provisions of treaty, 803.
- Pensions:**
 - Medical Reserve Corps, 13.
- Perfumery:**
 - Issue of medical property for, 525.
- Personal Identification:**
 - Of dead, 764, 802.
 - Of recruits, 389.
 - Tags, 798.
- Personal Reports:**
 - Acting dental surgeons, 411.
 - Contract surgeons, 411.
 - Dental surgeons, 411.
 - Medical officers, 409, 410, 412.
- Personnel, Sanitary:**
 - See *Sanitary Personnel*.
- Persons:**
 - Disinfection of, 192.
- Photographic Apparatus:**
 - Requisitions for, 499.
- Physical Examinations:**
 - See *Examinations*.
- Physicians under Contract:**
 - See *Contract Surgeons*.
- Pillows:**
 - Disinfection of, 192.
- Place of Treatment:**
 - Record of, on register of patient, 256, 257, 299, 436.
- Plague:**
 - Care of, 234 to 237.
- Pleurisy:**
 - Record of, on register of patients, 444.
- Pneumonia:**
 - Care of, 223.
- Pocket Case:**
 - Contents of, 812.
- Poisoning:**
 - Record of, on register of patients, 444.
- Population, Official:**
 - For computing allowances of post medical supplies, 804.
- Portable Dental Outfit:**
 - Contents of, 835 to 840.
- Post Exchanges:**
 - Medical and hospital care of civilian employees of, 300.

Post Hospitals:

See *Hospital Service*.

Post Medical Supplies:

See *Medical Supplies, Requisitions, and Supply Tables*.

Post Medical Supply Table:

See *Supply Tables*.

Post-Mortem Case:

Contents of, 825.

Posts, Abandonment of:

See *Abandonment*.

Posts, Medical Histories of:

See *Medical History of Post*.

Posts, Supplies for:

See *Supply Tables*.

Pouch for Blanks:

Field desk, 895.

Pouch, Hospital Corps:

Contents of, 899.

Pouch, Orderly:

Contents of, 900.

Practice, Private:

See *Private Practice*.

Prescriptions:

Provisions concerning, 295, 296 to 298.

Prisoners of War:

Hospitals for, 560, 566.

Provisions of Red Cross treaty concerning sick and wounded, 802.

Private Practice:

Of civilian practitioners on military reservations, 302.

Of medical officers, 301.

Private Property:

Found on the battlefield, 802.

Of dead at dressing stations, first-aid stations, and stations for slightly wounded, 761.

Of dead, in hands of the enemy, 802.

Of patients in hospitals, en route to hospitals, and at dressing stations, first-aid stations, and stations for slightly wounded, 257, 273 to 280, 326, 760.

Of sanitary personnel, immune from capture, 802.

Privates, and Privates First Class, Hospital Corps:

See *Hospital Corps*.

Progress Sheet:

Clinical record, 463.

Promotion:

Civilian employees, 107 to 112, 119.

Dental Corps, 17, 23.

Medical Corps, 2, 10 to 12.

Nurse Corps, 49 to 51, 53.

Physical examinations of officers for, 384.

Property Cards:

How used, 273, 280.

Property, Dental:

See *Dental Property*.

Property, Durable:

See *Hospital Fund*.

Property, Infected:

See *Infected Clothing and Property*.

Property, Medical:

See *Medical Property*.

Property, Private:

See *Private Property*.

Property, Public:

See *Public Property*.

Property Returns:

See *Returns of Property*.

Publication:

Articles for, 471.

Public Health and Marine-Hospital Service:

Admission of officers of, to Army and Navy General Hospital, 348.

Public Property:

Arms and equipments of patients separated from their commands, 762.

With patients admitted to hospitals, 280.

See also *Returns of Property*.

Purchases:

Antitoxins, 805 note.

Army and Navy General Hospital, subsistence stores, 354.

Authority for, 486.

Base medical supply depots, 723, 793.

Chief surgeons in the field, to authorize when, 593, 793.

Depots, 486, 501.

Hospital fund, 284, 315, 316.

Ice, 324.

Invoices of articles purchased, 378, 486.

Lime, 805 note

Local and post, 486.

Unauthorized, 486.

Pus:

Disinfection of, 192.

Quarantine Stations:

Provisions concerning, 560, 565.

Quartermasters:

Medical officers as, 540.

Quartermaster's Department Property:

Brought in by patients, 280.

Quartermaster's Department Reports and Returns:

From Medical Department units in the field, 779.

Quartermaster's Department Supplies:

Ambulance companies, 865 to 866.

Base hospitals, 856.

Evacuation hospitals, 856.

Field hospitals, 856.

Harness, parts of, 908.

Posts, 810.

Regimental hospitals and infirmaries, 870.

Reserve medical supplies, 856.

Quarters:

Civilian employees, 97, 101.

Nurse Corps, 72, 91.

Sergeants first class, Hospital Corps, 303.

Quicklime:

Purchase of, 805 note.

Use as disinfectant, 189.

Race:

Record of, on register of patients, 429.

Ranges, Field:

Contents of, 901, 902.

Rank:

Dental surgeons, 17.

Hospital stewards, 26.

Medical Corps, 2.

Medical Reserve Corps, 13.

Record of, on register of patients, 427.

Rations in Kind:

Hospital matrons, 325, 326.

Hospitals, when to be issued, 285.

See also *Commutation of Rations and Subsistence*.

Receipts:

- For hospital fund payments, 313.
- For medical supplies transferred, 485, 509 to 513, 516, 795.
- For meteorological instruments, 534.

Receiving Hospitals:

- Provisions concerning, 560, 564.

Record Books, Medical Department:

- Contents to be indicated, 397.
- Entries to be continuous, 397.
- List of, 394.
- Requisitions for, 397.

Records, Reports, and Returns from the Several**Medical Offices and Organizations:**

- Ambulance companies, 156, 160, 628, 785.
- Army Medical School, 134.
- Attending surgeons, 376.
- Base hospitals, 719, 785.
- Base medical supply depots, 787.
- Casual camps, 785.
- Chief surgeons, see their respective designations.
- Convalescent camps, 785.
- Directors of ambulance companies and field hospitals, 783.
- Evacuation hospitals, 712, 785.
- Field hospitals, 156, 160, 655, 785.
- Field laboratories, 788.
- Hospital ships, 570, 785.
- Hospital trains, 568, 785.
- Medical supply depots, 280, 682, 787.
- Regimental medical service, 602, 784.
- Reserve medical supplies, 682, 787.
- Sanitary squads, 788.
- Ships for patients, 570.
- Stations for slightly wounded, 672, 786.
- Trains for patients, 568.
- Transport columns, 785.
- See also *Correspondence*.

Records, Reports, and Returns, General Provisions:

- Authentication of, see *Authentication*.
- Births, see *Births*.
- Clinical records, see *Clinical Records*.
- Correspondence records, see *Correspondence*.
- Deaths, see *Deaths*.
- Field commands, 778 to 788.
- General chapter on, 394 to 483.
- List of, usually required from posts, 395, 396.
- Marriages, see *Marriages*.
- Medical histories of posts, see *Medical History of Post*.
- Signatures, 397, 398.
- See also *Register of Patients, Reports, and Returns*.

Recruits:

- Identification record, 389.

Red Cross:

- Aid, 541 to 546.
- Ambulance companies to observe terms of Red Cross treaty, 629.
- Convention of 1906, 802.
- Hospitals, 546.
- Insignia, see *Insignia*.
- Personnel, 593, 598.
- Ships, 570.
- Supplies, 546.
- Use of words "Red Cross," 802.

Reduction:

- Chief nurses, 49, 52.
- Civilian employees, 99, 100, 104, 107, 110 to 112, 120.

Regiment:

- Record of, on register of patients, 427.

Regimental Aid Station:

- See *First Aid Station*.

Regimental Ambulances:

- Station on march and at beginning of engagement, 738.

Regimental Hospitals and Infirmaries:

- Directions for loading wagons of infirmaries, 871.
- Directions for packing mule for first-aid station, 872.
- Supplies for, 870 to 872.
- Use of, 607, 734, 740.
- Weights of, 870.

Regimental Medical Service:

- Chief surgeons of divisions to exercise control over, 598.
- Duties of regimental medical department, 601 to 621.
- Duties of regimental surgeons, 602.
- First-aid stations, 609 to 620.
- Records, reports, and returns, 784.
- Stations of sanitary personnel on the march, 738.

Regimental Sanitary Personnel:

- Authorized allowances, 577.
- Details to ambulance companies and field hospitals in combat, 749.

Register Number:

- Record of, on register of patients, 260, 421, 432.

Register of Dental Patients:

- Rules for keeping, 475 to 482.

Register of Patients:

- Additions to and alterations of, 425.
- Admission, cause of, 435, 444.
- Admission, date of, 433.
- Admission, source of, 434.
- Age of patients, 428.
- Ambulance companies, 417.
- Applicants for enlistment, description of, 427.
- Authentication of, 424.
- Capture of patient, record of, 439.
- Cards to be continued until cases are completed, 422.
- Cards to be made when, 256, 257, 259, 261, 267, 420, 421.
- Cases to be carded, 267, 417 to 420.
- Change of status, patients in hospital, new cards required when, 420.
- Civilian patients, description of, 427.
- Classification of cards, 442.
- Company of patient, record of, 427.
- Completion of case, what constitutes, 439.
- Complications, sequelæ, etc., record of, 438.
- Corps of patient, record of, 427.
- Corrections of, 425.
- Death of patient, record of, 417, 439.
- Definition of, 416.
- Dental cases, when to be carded on, 419.
- Description of patient, 427.
- Desertion of patient, record of, 439.
- Diagnosis, change of, 259, 262, 263, 438.
- Diagnosis, record of, 435, 444.
- Disabilities, rules for recording, 444.
- Discharged soldiers, description of, 427.
- Discharge of patient, record of, 439.
- Diseases, nomenclature of, 435, 444.
- Dismissal of patient, record of, 420, 439.
- Disposition of patient, record of, 422, 439, 440.
- Duty, line of, 437, 438.

Register of Patients—Continued.

- Duty, return to, of patient, 439.
- Entries on, how made, 423.
- Extension slips, 423.
- Files, 260, 421.
- Furlough of patient, record of, 439.
- Hospital, etc., name of, how recorded, 441.
- Hospital ships and trains, 417.
- Index to, 421.
- Ink to be used, 423.
- Intercurrent diseases, record of, 435, 438.
- Leave of absence of patient, record of, 417, 439.
- Length of service of patient, 431.
- Military convicts, description of, 427.
- Militia patents, description of, 427.
- Name of patient, record of, 426.
- Nativity of patient, record of, 430.
- Place of treatment, quarters or hospital, 436.
- Place of treatment, ward, 256, 257, 259.
- Race of patient, 429.
- Rank of patient, 427.
- Regiment of patient, 427.
- Register numbers, 200, 421, 432.
- Resignation of patient, record of, 439.
- Retirement of patient, record of, 439.
- Senior medical officer responsible for, 255, 424.
- Signatures to, 424.
- Stations for slightly wounded, 417.
- Supplemental cards, 425, 461.
- Surgical operations, record of, 438.
- Transfer of patient, record of, 439.
- Transport columns, 417.
- Treatment, days of, table, 443.

Register, Syphilitic:

- Provisions concerning, 231.

Relief Columns:

- Red Cross, 546.

Remedies:

- New, 484.

Repairs:

- Furniture, 531.
- Hospital bedding and clothing, 326, 327.
- Hospital buildings, 303.
- Instruments, 530.

“Replacing Medical Supplies”:

- Appropriation, 520.

Reports, Miscellaneous:

- Army and Navy General Hospital, condition of patients at, 343.
- Civilian employees, see *Civilian Employees*.
- Deaths, 268, 269.
- Dental work, 483.
- Documents, useless, 405.
- Epidemic diseases, 245 to 247.
- Examining boards, contract surgeons, 46.
- Examining boards, Dental Corps, 21, 23.
- Examining boards, Hospital Corps, 32.
- Examining boards, Medical Corps, 5, 6.
- Examining boards, Medical Reserve Corps, 15.
- Hospital buildings, or quarters for sergeants first class, Hospital Corps, progress of work on, 303.
- Hospital Corps, changes of station or status, 35, 269.
- Hospital Corps, instruction, 172, 174.
- Hospital safe, change of combination of, 312.
- Inspections, sanitary, 766, 769 to 772.
- Meteorological, 534.

Reports, Miscellaneous—Continued.

- Morning reports of sick, 261, 605.
- Nurse Corps, 32, 67, 88 to 90.
- Ordnance Department, from field units, 779.
- Patients, daily, in the field, 781.
- Personal, see *Personal Reports*.
- Posts, abandonment of, 399.
- Quartermaster's Department, from field units, 779.
- Sanitary personnel and transportation in the field, daily, 781.
- Sanitary personnel lost in battle, 598.
- Sanitary personnel on transports, 414.
- Special, 469 to 470.
- Subsistence Department, from field units, 779.
- Surgical, 466 to 468.
- See also *Records and Returns*.

Reports of Sick and Wounded:

- Alterations of, 448, 460, 461.
- Applicants for enlistment, record of, 453.
- Authentication of, 446, 460, 461.
- Births, record of, 454.
- Camps, location, name, opening and closing, to be shown, 449, 450, 457.
- Chief surgeons to act on, 447, 593, 598.
- Civilians, record of, 446, 452 to 454.
- Commands, description, strength, variations and discontinuance of, to be shown, 450, 451.
- Commands, from what required, 446.
- Correction cards, 460, 461.
- Corrections, 448, 459 to 461.
- Deaths, record of, 452, 454.
- Definition of, 445.
- Discharged soldiers, record of, 453.
- Entries on, 448.
- General provisions concerning, 445 to 461.
- Hospitals, location, name, opening and closing of, to be shown, 449, 450, 457.
- Ink, 448.
- Marriages, record of, 454.
- Military convicts, record of, 452, 453.
- Nominal check lists, 445, 448, 455.
- Numerical statements, 452.
- Report cards, 445, 456 to 461.
- Report sheets, 445, 448.
- Signatures, 446, 460, 461.
- Supplemental cards, 461.
- Transmittal of, time and channel, 446, 447.

Reports, Sanitary:

- See *Sanitary Reports*.

Requisitions:

- Base medical supply depots, 723, 789, 793.
- Blank forms and books, 394, 780.
- Chief surgeons' action on, 494, 500, 502, 504, 593, 598, 686, 789 to 793.
- Clinical thermometers, 499, 809 note.
- Dental supplies, 504 to 508.
- Dressings, 493.
- Field medical supplies, 502, 503.
- Field organizations, 789 to 794.
- First-aid packets, 493.
- Hospital ships and trains, 794.
- Interlineations forbidden, 485.
- Linoleum, 499.
- Meteorological instruments, 534.
- Microscopes, 499.
- Mineral oil, 499.
- Molding strips, 499.

Requisitions—Continued.

- Photographic apparatus, 499.
- Post medical supplies, annual and special, 487 to 501.
- Posts to be abandoned, 492.
- Record books, 397.
- Subposts and camps, 499.
- Supply tables, to conform to, in respect of nomenclature and order of entries, 485, 496, 497.
- Timeliness of, 486, 498.
- Window shades, 499.

Reserve Medical Supplies:

- Antiseptics for, 848.
 - Appliances for, 852.
 - Baggage allowances for, 856 note.
 - Bedding for, 851.
 - Blanks for, 850.
 - Clothing for, 851.
 - Commanding officer, 682.
 - Designations of, 681.
 - Disinfectants for, 848.
 - Dressings, surgical, for, 853.
 - Establishment of, on prolonged halt, 744.
 - Field chests for, 851.
 - Functions of, 681.
 - Furniture for, 851.
 - General provisions concerning operation of, 681 to 684.
 - Hospital stores for, 849.
 - Instruments for, 852.
 - Issues from, 682, 790.
 - Location of, 598, 683.
 - Medicines for, 847.
 - Miscellaneous medical supplies for, 854.
 - Ordnance Department supplies for, 857.
 - Packing directions, 845, 860 to 862, 864.
 - Personnel of, 584.
 - Quartermaster supplies for, 856.
 - Records, reports, and returns, 682, 787.
 - Relation to organization of Medical Department in campaign, 560.
 - Requisitions from, 394, 791.
 - Stationery for, 850.
 - Subsistence Department supplies for, 858.
 - Supplies for, general, 846 to 864.
 - Tentage allowances, 856 note.
 - Wagons, directions for loading, 864.
 - Weights to be carried, 859.
- See also *Medical Supply Depots* and *Medical Supply Officers*.

Reserve Nurses:

- See *Nurse Corps*.

Reserve Unit of Bedding and Clothing:

- Contents of, 905.

Resignation:

- Record of, register of patients, 439.

Rest Stations:

- Duties of, 695.
- Equipment for, 875.
- Field, 560, 575, 695.
- Home territory, 560, 569.
- Red Cross, 546.
- Transport columns, 695.

Restraint Apparatus:

- Contents of, 832.

Retired Officers and Enlisted Men:

- Treatment at Army and Navy General Hospital, 342, 344 to 346, 351.
- Treatment at Fort Bayard, 357, 360.

Retirement:

- Dental surgeons, 17.
- Medical Reserve Corps, 13.
- Physical examinations for, 385.
- Record of, on register of patients and reports of sick and wounded, 417, 420, 439, 452.

Returns of Property:

- Dental property, 518.
- Hospital fund property, 320 to 322.
- Medical property, 136, 280, 282, 283, 380, 485, 510, 514 to 518.
- Meteorological instruments, 534.
- Ordnance property, 779.
- Quartermaster's Department property, 779.
- Subsistence Department property, 779.

Returns of the Hospital Corps:

- Provisions concerning, 413.

Revenue-Cutter Service:

- Officers of, treatment at Army and Navy General Hospital, 348.

Review, Boards of:

- Law establishing, 2.

Rooms:

- Disinfection of, 192.

Rubber Goods:

- Bougies and catheters, preservation of, 528.
- Dental, 506.
- Disinfection of, 192.
- Matting, 499.
- Nosings, 499.

Safe, Hospital:

- Combination of, 312.

Sales:

- Accounts of, 519 to 520.
- Civilians and civilian employees, medicines for, 296 to 298.
- Civilians in hospital, abandoned effects of, 279.
- Hospital fund property, 307, 319.

Sanitary Detachments (Regimental):

- Duties of, 604.

Sanitary Establishments and Formations:

- See *Sanitary Personnel* and *Sanitary Service*; also, for the several kinds of formations, their respective designations.

Sanitary Inspections:

- See *Inspections*.

Sanitary Inspectors:

- See *Inspectors*.

Sanitary Matériel:

- Capture of, 801, 802.
- Insignia of, 800, 802.
- See also *Medical Supplies*.

Sanitary Personnel:

- Ambulance companies, 580, 749.
- Base hospitals, 587.
- Battalions, engineers and signal troops, 577.
- Divisions, 578.
- Enemy, in hands of, duties, pay and allowances, 802.
- Evacuation hospitals, 586, 711.
- Field hospitals, 582, 656, 749.
- General provisions concerning, 538 to 559.

Sanitary Personnel—Continued.

- Headquarters of armies, field armies and divisions, 578.
- Headquarters, lines of communications, 579.
- Hospital ships, 588, 726, 730.
- Hospital trains, 589, 726, 727.
- Immunities in war, 802.
- Insignia of, 553 to 555, 802.
- Losses of, in battle, 598.
- Number of, allowed, 577 to 590.
- Private property of, immune from capture, 802.
- Regiments, 577.
- Reserve medical supplies, 584.
- Sanitary formations, 580 to 590.
- Stations for slightly wounded, 672, 674.
- Status of, 557.
- Transport columns, 585, 691.
- See also *Medical Department* and *Sanitary Troops*.

Sanitary Reports:

- Provisions concerning, 178, 246, 415, 472.

Sanitary Service:

- Field service, branches of, 573.
- Flags of, 802, 803.
- Formations of, senior medical officers' titles, 558.
- Guards for, 556, 557, 802.
- Immunities of, in war, 802.
- Insignia of, see *Insignia*.
- Troops of, 552, 559, 576, 749, 750.
- See also *Sanitary Personnel* and the several Medical Department organizations under their respective names.

Sanitary Squads:

- Provisions concerning, 560, 686, 731, 788.

Sanitary Troops:

- See *Sanitary Personnel* and *Sanitary Service*; also the several Medical Department units under their respective names.

Sanitation:

- Camps of mobilization, 733, 734.
- Chief surgeons, action in respect to measures of, 369, 371, 593, 595, 596, 598, 686, 731, 733.
- General provisions concerning, 178 to 253.
- Medical officers to act as sanitary advisers in campaign, 537, 593, 598, 602, 686.
- Sanitary detachments, 604.
- Sanitary squads, 560, 686, 731, 788.
- See also *Disinfectants* and *Disinfection*.

Scarlet Fever:

- Care of, 214 to 216.

School, Army Field Service:

- For medical officers, 147.

School, Army Medical:

- See *Army Medical School*.

School, Correspondence:

- For medical officers, 147.

Sequelæ:

- Record of, on register of patients, 438.

Sergeants, and Sergeants First Class, Hospital Corps:

- See *Hospital Corps*.

Serums:

- See *Antitoxins*.

Service Kits:

- Hospital Corps, 38.

Shell-Wound Dressings:

- Contents of, 898.

Ships for Patients:

- Provisions concerning, 560, 561, 570, 575, 592, 686, 726, 730, 794, 876.

- See also *Hospital Ships*.

Shoeing of Animals:

- Medical Department transportation, 796.

Sick and Wounded:

- Conventions of Geneva and The Hague concerning, 802, 803.
- Search of battlefield for, 763.
- See also *Hospital Service*, *Reports of Sick and Wounded*, and *Transportation of the Sick and Wounded*.

Sick Call:

- Purpose of, 261.
- Regimental, 605.

Signal Troops, Battalion:

- Sanitary personnel, 577.

Signatures:

- See *Authentication*.

Silk:

- Disinfection of, 192.

Smallpox:

- Care of, 213.
- Report of appearance of, 245.
- Vaccination for, 213, 766.

Soap Solution, Cresol:

- Disinfectant, 191.

Societies, Aid, Voluntary:

- Services of, how utilized, 541, 802.

Soldiers:

- See *Enlisted Men*.

Soldiers' Home:

- Beneficiaries of, treatment at Fort Bayard, 359, 362.

Solutions, Disinfectant:

- Standard, 191.

Special Reports:

- Provisions concerning, 469 to 470.

Spirit Lamps:

- Issue of medical property for, 525.

Spreads, Bed:

- Disinfection of, 192.
- Laundrying of, 326 to 336.

Sputum:

- Disinfection of, 192.

Squads, Sanitary:

- Provisions concerning, 560, 686, 731, 788.

Statements of the Hospital Fund:

- Provisions concerning, 320 to 322, 369, 593.

Stationery, Allowances of:

- Base hospitals, 850.
- Chief surgeons in the field, 879.
- Dentists, 840, 844.
- Evacuation hospitals, 850.
- Field desks, 895.
- Field hospitals, 850.
- Posts, 808.
- Reserve medical supplies, 850.

Stations, First-Aid:

- See *First-Aid Stations*.

Stations for Slightly Wounded:

- Closing of, 680.
- Diagnosis tags, use of, at, 678, 679.
- Equipment and supplies for, 672, 673.
- Establishment and number of, 751.

Stations for Slightly Wounded—Continued.

- Evacuation of, 679.
- Function of, 598, 671.
- General provisions concerning, 671 to 680.
- Location of, 598, 676.
- Opening, 675.
- Personnel of, 672, 674.
- Preparation of, 677.
- Private property of patients and dead at, 760, 761.
- Records, reports, and returns, 672, 786.
- Register of patients at, 417.
- Sick to be assembled at, before battle, 598.
- Treatment at, character of, 678.

Stations, Quarantine:

- Provisions concerning, 560, 565.

Stations, Rest:

- See *Rest Stations*.

Steam:

- Disinfectant, 184.

Sterilized Dressings:

- See *Dressings, Surgical*.

Sterilizer Chest:

- Contents of, 893.

Steward, Hospital:

- See *Hospital Corps*.

Stretcher Bearers:

- Privates, Hospital Corps, to do duty as, 25.

Student Candidates:

- Provisions concerning, 8, 138.

Subsistence:

- Army and Navy General Hospital, patients at, 350 to 354.
- Bayard, Fort, patients at, 361 to 365, 367.
- Civilian employees, 97, 99, 100.
- Hospital matrons, 325 to 327.
- Militia officers at Army Medical School, 140.
- Nurse Corps, 73, 350, 367.

Subsistence Department Records and Returns:

- From Medical Department units in the field, 779.

Subsistence Department Supplies:

- Ambulance companies, 865, 866.
- Base hospitals, 858.
- Evacuation hospitals, 858.
- Field hospitals, 858.
- Regimental hospitals and infirmaries, 870.
- Reserve medical supplies, 858.

Subsistence Stores:

- Purchases of, at Army and Navy General Hospital, 354.

Sulphur:

- Disinfectant, 186.

Sunlight:

- Disinfection by, 181.

Superintendent, Nurse Corps:

- See *Nurse Corps*.

Supplemental Cards:

- For register of patients and reports of sick and wounded, 425, 461.

Supplies, Dental:

- Requisitions for, 504 to 508.
- See also *Supply Table, Dental*.

Supplies, Food:

- See *Food Supplies* and *Hospital Fund*.

Supplies for Water Analysis:

- See *Water Analysis*.

Supplies, Medical:

- See *Medical Property, Medical Supplies, Sanitary Matériel*, and *Supply Tables*.

Supplies, Quartermaster's Department:

- See *Quartermaster's Department Supplies*.

Supplies, Red Cross:

- Provisions concerning, 546.

Supplies, Water:

- See *Water*.

Supply Officers:

- See *Medical Supply Officers*.

Supply Table, Dental:

- Base outfits, 835, 841 to 844.
- Chests, 835.
- Packing, 835.
- Portable outfits, 835 to 840.

Supply Table, Field:

- Ambulance companies, 865 to 869.
- Ambulance spare parts and accessories, 906.
- Base hospitals, 846 to 862.
- Base medical supply depots, 874.
- Chief surgeons' offices, field, 879.
- Containers for medicines, 845.
- Evacuation hospitals, 846 to 862.
- Field hospitals, 846 to 863.
- Field laboratories, 873.
- Field-wagon spare parts and accessories, 907.
- Harness, parts of, 908.
- Horse equipments, men of the Hospital Corps, 909.
- Hospital ships, 876.
- Hospital trains, 877.
- Personal equipments, men of the Hospital Corps, 910.
- Regimental hospitals and infirmaries, 870 to 872.
- Reserve medical supplies, 846 to 864.
- Ships for patients, 876.
- Tentage, 856 note.
- Trains for patients, 877, 878.
- Transport columns, 875.
- See also *Cases, Chests, etc., Contents of*.

Supply Table, Post:

- Antiseptics, 805.
- Appliances, 809.
- Bedding, 809.
- Clothing, 809.
- Disinfectants, 805.
- Dispensing set, 807.
- Dressings, 809.
- Furniture, 809.
- Hospital stores, 805.
- Hospital supplies, 809.
- Instruments, 809.
- Nonofficial compound medicinal preparations, formulæ of, 806.
- Population, official, for computing allowances, 804.
- Quartermaster supplies, for post medical use, 810.
- Stationery, 808.
- See also *Cases, Chests, etc., Contents of*.

Surgeon-General:

- Chief of Medical Department, 2.

Surgeons, Chief:

- See *Chief Surgeons*.

- Surgeons, Dental:**
See *Dental Corps*.
- Surgeon, the:**
Title of, 558.
- Surgical Appliances:**
See *Appliances*.
- Surgical Chest:**
Contents of, 894.
- Surgical Dressings:**
See *Dressings, Surgical*.
- Surgical Instruments:**
See *Instruments*.
- Surgical Operations:**
See *Operations, Surgical*.
- Surgical Treatment:**
Refusal of, 272.
- Suspension:**
Civilian employees, 110.
- Syphilis:**
Care of, 231.
- Syphilitic Register:**
Required, 231.
- Table:**
Organization of Medical Department in campaign, 560.
- Tables and Table Ware:**
Disinfection of, 192.
- Tables, Supply:**
See *Supply Tables*.
- Tags, Identification:**
Provisions concerning, 798.
- Teeth, Classification of:**
For reports of dental work, 481.
- Temperature Chart:**
Clinical record, 463.
- Tent:**
Hospital Corps men changing station, when not to take shelter-tent half, 43.
- Tentage Allowances:**
Base hospitals, evacuation hospitals, field hospitals, and reserve medical supplies, 856 note.
- Tent Units, Bedding and Clothing:**
Contents of, 903.
- Tent Units, Folding Field Furniture:**
Contents of, 904.
- Tetanus:**
Antitoxin of, requisitions for, 499.
- Thermo-Cautery, Improved, Paquelin's:**
Contents of, 822.
- Thermometers, Clinical:**
See *Clinical Thermometers*.
- Throat, Ear, and Nose, Instrument Case for:**
Contents of, 815.
- Titles:**
Medical officers, 558.
- Tonsillitis:**
Care of, 222.
- Tool Chest:**
Contents of, 834.
- Tooth-Extracting Case:**
Contents of, 831.
- Towels:**
Disinfection of, 192.
- Trains for Patients:**
Provisions concerning, 560, 561, 568, 575, 592, 686, 726 to 729, 794, 877, 878.
See also *Hospital Trains*.
- Trains for Troops:**
Medical inspection of, 767.
- Trains, Hospital:**
See *Hospital Trains*.
- Transfers of Civilian Employees:**
See *Civilian Employees*.
- Transfers of Enlisted Men of the Hospital Corps:**
See *Hospital Corps*.
- Transfers of Medical supplies:**
See *Medical Property and Medical Supplies*.
- Transfers of Meteorological Instruments:**
Provisions concerning, 534.
- Transfers of Nurses:**
See *Nurse Corps*.
- Transfers of Patients:**
Record of, on register of patients and reports of sick and wounded, 417, 434, 439, 452.
See also *Hospital Service*.
- Transportation, Medical Department, Means of:**
Allowance of, ambulance companies, 578, 865.
Allowance of, base hospitals, 856.
Allowance of, divisions in the field, 578.
Allowance of, evacuation hospitals, 856.
Allowance of, field hospitals, 578, 856.
Allowance of, headquarters of a field army, 578.
Allowance of, lines of communications, 578.
Allowance of, regimental hospitals and infirmaries, 578, 870.
Allowance of, reserve medical supplies, 578, 856.
Immunity from capture, 802.
Increased provision of, for war time, 561.
Not to be diverted, 796.
Red Cross, 546.
Repair of, 796.
Temporary, after battle, etc., 598, 691, 796.
See also *Ambulances, Hospital Ships, Hospital Trains, Ships for Patients, and Trains for Patients*.
- Transportation of Medical Property and Supplies:**
From the reserve medical supplies, 684.
Medical Department transportation to be used for, 796.
On line of communications, 797.
See also, *Packing and Packing Cases*.
- Transportation of the Sick and Wounded:**
Chief task of field medical administration, 592.
From the battle field to the first-aid stations, 609, 614, 615, 619; from the first-aid stations, 609, 618, 625, 635; from the dressing stations, 628, 630, 642, 646; from the field hospitals, 665, 686; from the evacuation hospitals, 709.
On lines of communications, 797.
See also *Ambulances*.
- Transport Columns:**
Commanding officers, duties, 696.
Designations of, 688.
Duties of, 665, 656, 689, 691 to 693.
General provisions concerning, 688 to 696.
Line of communications units, 575.
Number of, allowed, 578, 688.
Personnel, 585, 691.
Records, reports, and returns, 785.
Register of patients, 417.
Relation to Medical Department organization in campaign, 560.
Rest stations established by, 695.
Supplies for, 875.

Transports, Army:

Medical superintendents to report Medical Department personnel on, 414.

Traveling Expenses:

See *Expenses, Traveling*.

Treatment Sheet:

Clinical record, 462.

Treaty, Geneva (Red Cross), 1906:

Provisions of, 802.

Treaty, The Hague, 1907:

Provisions of, 803.

Trial Lenses, Case of:

Contents, 817.

Tuberculin:

Use of, 356.

Tuberculosis:

Care of, 224 to 226.

Treatment of, at Fort Bayard, 356.

Tub, Bath, Set:

Contents of, 802.

Typewriters and Ribbons:

Requisitions for, 499.

Typhoid Fever:

Care of, 195 to 202.

Examination of troops before taking field, for detection of, 765.

Reports of appearance of, 245.

Vaccinations for, 195, 200, 766.

Uniforms:

Nurse Corps, 83 to 87, 326.

Unit, Reserve Bedding and Clothing:

Contents, 905.

Units, Tent:

Of bedding and clothing, 903.

Of folding field furniture, 904.

Urinals:

Supervision of, by sanitary detachments, 604.

Urine:

Disinfection of, 192, 197.

Urotropin:

Disinfectant for urine, 197.

Vaccination:

For smallpox, 213, 766.

For typhoid fever, 195, 200, 766.

Vaccine Virus:

Requisitions for, 499.

Valuables of Patients:

See *Private Property*.

Varnishing:

Furniture, Medical Department, 531.

Venereal Diseases:

Care of, 231 to 233.

Record of, on register of patients, 444.

Syphilitic register, 231.

Virus, Vaccine:

Requisitions for, 499.

Vision:

Examinations of, 393.

Record of errors of, on register of patients, 444.

Vision Test Set:

Contents of, 818.

Voluntary Aid:

Medical Department in the field, 541 to 551, 593, 598, 802.

Von Pirquet Reaction:

Use of, 356.

Vouchers:

For hospital laundry, 329, 330, 332, 335, 336.

For purchases, 378, 486.

Wagons:

See *Packing and Transportation*.

Wagons, Field:

Spare parts and accessories, 907.

Walls:

Disinfection of, 192.

Operating room, cleanliness of, 305.

Wardmasters:

Duties, 255, under suggestive ward rule 1.

Duty, to keep clinical records, 462, 463.

Duty, to list effects of patients, 273.

Duty, to receive food for patients unable to leave wards, 290.

Privates, Hospital Corps, to do duty as, 25.

Ward Morning Reports:

Provisions concerning, 258, 259.

Wards:

Disinfection of, 192.

Washing Dishes:

Sanitary detachments to supervise places for, 604.

Wastes:

Sanitary detachments to supervise collection and disposal of, 604.

Watches:

See *Private Property*.

Watchmen:

Employment of, 97, 102, 107.

Water, Analysis of:

Apparatus, samples, and reports, 248 to 253.

Water, Bath:

Disinfection of, 192.

Water, Laundry:

Disinfection of, 192.

Water Supply:

Inspection of, on trains for troops, 767.

Supervision of, by sanitary detachments, 604.

Weights and Measures:

Metric system to be used on prescriptions, 295.

Supply tables to be followed, 485.

Weights to be Carried by Medical Department**Formations:**

Ambulance companies, 867.

Base hospitals, 859.

Evacuation hospitals, 859.

Field hospitals, 859.

Regimental hospitals and infirmaries, 870.

Reserve medical supplies, 859.

Window Shades and Fixtures:

Requisitions for, 499.

Wines:

Purchases of, with hospital fund, 315.

Woolens:

Disinfection of, 192.

Wounded:

See *Sick and Wounded*.

Wounds:

Record of, on register of patients, 435, 444.

Yellow Fever:

Care of, 229.

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Please insert in Manuscript

CORRECTIONS AND ADDITIONS TO

MANUAL

FOR THE

MEDICAL DEPARTMENT

UNITED STATES ARMY

1911



For

WASHINGTON
GOVERNMENT PRINTING OFFICE
1911

WAR DEPARTMENT,
OFFICE OF THE CHIEF OF STAFF,
Washington, December 7, 1911.

The following corrections and additions to the Manual for the Medical Department, United States Army, 1911, are published for the information and guidance of the Regular Army and the Organized Militia of the United States.

By order of the Secretary of War.

LEONARD WOOD,
Major General, Chief of Staff.



444. Diseases and injuries will be recorded on the register in accordance with the following nomenclature of diseases. When diseases or injuries occur for which no terms are furnished in the table of nomenclature or for which the terms furnished are general in character, they will be recorded under such scientific terms commonly applied to them by the profession as will briefly and accurately describe them.

(a) The numbers and terms used as the headings in this table are those included in the international table of nomenclature. The sub-heads are grouped under these headings largely in accordance with the order followed by the Census Office and by the Bellevue Hospital nomenclature.

I.—GENERAL DISEASES

1. Typhoid fever.
 - 1a. Paratyphoid fever.
 - 1b. Typhoid bacillus carrier.
 - 1c. Typhoid fever.
 - 1d. Typhoid prophylaxis.
2. Typhus fever.
 - Typhus fever.
3. Relapsing fever.
 - Relapsing fever.
4. Malaria.
 - 4a. Aestivo-autumnal.
 - 4b. Malarial cachexia.
 - 4c. Quartan.
 - 4d. Tertian.
 - 4e. Undetermined.
5. Smallpox.
 - 5a. Smallpox.
 - 5b. Vaccinia.
 - 5c. Varioloid.
6. Measles.
 - Measles.
7. Scarlet fever.
 - Scarlet fever.
8. Whooping cough.
 - Whooping cough.
9. Diphtheria.
 - Diphtheria.

10. Influenza.
Influenza.
12. Asiatic cholera.
Asiatic cholera.
13. Cholera nostras.
Cholera nostras.
14. Dysentery.
14a. Bacillary.
14b. Entamoebic.
14c. Unclassified. (State kind if determined.)
15. Plague.
Plague.
16. Yellow fever.
Yellow fever.
17. Leprosy.
Leprosy.
18. Erysipelas.
Erysipelas.
19. Other epidemic diseases.
19a. Chicken pox.
19b. Dengue.
19c. Filariasis. (State species and lesion.)
19d. German measles.
19e. Hæmoglobinuric fever.
19f. Malta fever.
19g. Mumps.
19h. Yaws.
19i. Other epidemic diseases not specified.
20. Purulent infection and septicemia.
20a. Aerogenes capsulatus infection.
20b. Septicemia.
20c. Pyemia.
21. Glanders.
Glanders.
22. Anthrax.
Anthrax.
23. Rabies.
Rabies.
24. Tetanus.
Tetanus.
25. Mycoses.
25a. Actinomycosis.
25b. Aspergillosis.
25c. Blastomycosis.
25d. Pityriasis versicolor.
25e. Other mycotic diseases.
26. Pellagra.
Pellagra.
27. Beriberi.
Beriberi.
28. Tuberculosis of the lungs.
28a. Tuberculosis of larynx.
28b. Tuberculosis of pleura.
28c. Tuberculosis, pulmonary, chronic.

- 29. Miliary tuberculosis, acute.
 - 29a. Tuberculosis, broncho pneumonic, acute.
 - 29b. Tuberculosis, general, acute.
 - 29c. Tuberculosis, pneumonic, acute.
 - 29d. Tuberculosis, pulmonary miliary, acute.
- 30. Tuberculous meningitis.
 - Tuberculous meningitis.
- 31. Abdominal tuberculosis.
 - Abdominal tuberculosis.
- 32. Pott's disease.
 - Tuberculosis of vertebra.
- 33. White swelling.
 - Tuberculosis of joints. (State location.)
- 34. Tuberculosis of other organs.
 - Tuberculosis of other organs. (State organ involved.)
- 36. Rickets.
 - Scoliosis.
- 37. Syphilis.
 - 37a. Hereditary.
 - 37b. Primary.
 - 37c. Secondary.
 - 37d. Tertiary.
 - 37e. Period not determined.
 - 37f. Syphilis acquired nonvenereally.
- 38A. Soft chancre.
 - 38Aa. Chancroid.
 - 38Ab. Chancroidal bubo.
 - 38Ac. Chancroidal phimosis.
- 38B. Gonococcus infection.
 - 38Ba. Gonorrheal arthritis.
 - 38Bb. Gonorrheal bubo.
 - 38Bc. Gonorrheal diseases of eye.
 - 38Bd. Gonorrheal epididymitis.
 - 38Be. Gonorrheal urethritis.
 - 38Bf. Urethral stricture.
 - 38Bg. Other effects of gonorrheal infection.
- 39. Cancer and other malignant tumors of the buccal cavity.
 - Cancer and other malignant tumors of the buccal cavity.
- 40. Cancer and other malignant tumors of the stomach and liver.
 - Cancer and other malignant tumors of the stomach and liver.
- 41. Cancer and other malignant tumors of the peritoneum, intestines, and rectum.
 - Cancer and other malignant tumors of the peritoneum, intestines, and rectum.
- 44. Cancer and other malignant tumors of the skin.
 - Cancer and other malignant tumors of the skin.
- 45. Cancer and other malignant tumors of other organs and of organs not specified.
 - Cancer and other malignant tumors of other organs and of organs not specified.
 - (Under 39-45, specify whether carcinoma, epithelioma, or sarcoma.)
- 46. Other tumors (tumors of the female genital organs excepted).
 - Benign tumors. (State structure involved and character of tumor.)
- 47. Acute articular rheumatism.
 - 47a. Rheumatic fever, acute.
 - 47b. Rheumatic fever, subacute.

- 48. Chronic rheumatism and gout.
 - 48a. Articular rheumatism, chronic.
 - 48b. Gout.
 - 48c. Arthritis deformans.
- 50. Diabetes.
 - 50a. Diabetes mellitus.
 - 50b. Glycosuria.
- 51. Exophthalmic goiter.
 - Exophthalmic goiter.
- 52. Addison's disease.
 - Addison's disease.
- 53. Leuchæmia.
 - 53a. Hodgkin's disease.
 - 53b. Leuchæmia.
- 54. Anemia, chlorosis.
 - 54a. Pernicious anemia.
 - 54b. Simple anemia (cause indefinite).
 - 54c. Splenic anemia, chronic.
- 55. Other general diseases.
 - 55a. Diabetes insipidus.
 - 55b. Hemophilia.
 - 55c. Obesity.
 - 55d. Purpura.
 - 55e. Other general diseases not specified.
- 56. Alcoholism (acute or chronic).
 - 56a. Alcoholism, acute.
 - 56b. Alcoholism, chronic.
 - 56c. Delirium tremens.
 - 56d. Psychosis polyneuritica (Korsakoff's syndrome).
- 57. Chronic lead poisoning.
 - Chronic lead poisoning.
- 58. Other chronic occupation poisonings.
 - Other chronic occupation poisonings. (State kind.)
- 59. Other chronic poisonings.
 - 59a. Drug habit. (Specify drug.)
 - 59b. Other chronic poisoning.

II.—DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE

- 60. Encephalitis.
 - 60a. Abscess of brain.
 - 60b. Encephalitis, acute.
- 61. Simple meningitis.
 - Simple meningitis.
- 61A. Including cerebrospinal fever.
 - Epidemic cerebrospinal meningitis.
- 62. Locomotor ataxia
 - Locomotor ataxia.
- 63. Other diseases of the spinal cord.
 - 63a. Anterior poliomyelitis, acute.
 - 63b. Multiple spinal sclerosis.
 - 63c. Myelitis. (State kind.)
 - 63d. Progressive muscular atrophy.
 - 63e. Spastic paralysis of adults.
 - 63f. Other spinal-cord diseases not specified.

- 64. Cerebral hemorrhage; apoplexy.
Cerebral hemorrhage; apoplexy.
- 66. Paralysis without specified cause.
 - 66a. Hemiplegia, old.
 - 66b. Paralysis of ——. (State nerve.) (Do not use as a primary diagnosis when cause can be determined.)
 - 66c. Paraplegia ataxic.
- 67. General paralysis of the insane.
General paralysis of the insane.
- 68. Other forms of mental alienation.
 - 68a. Defective mental development.
 - 68b. Constitutional psychopathic state.
 - 68c. Dementia arterio sclerotic.
 - 68d. Dementia precox.
 - 68e. Dementia (cause unknown).
 - 68f. Hypochondriasis.
 - 68g. Melancholia involutional.
 - 68h. Nostalgia.
 - 68i. Paranoia.
 - 68j. Paranoid states.
 - 68k. Psychasthenia.
 - 68l. Psychosis exhaustive, infective, and toxic.
 - 68m. Psychosis intoxication.
 - 68n. Psychosis, manic depressive.
 - 68o. Psychosis, traumatic.
 - 68p. Variety of insanity not ascertained.
- 69. Epilepsy.
 - 69a. Epilepsy.
 - 69b. Psychosis epileptic.
- 72. Chorea.
Chorea.
- 73. Neuralgia and neuritis.
 - 73a. Neuralgia. (State nerve.)
 - 73b. Neuritis. (State nerve.)
 - 73c. Multiple neuritis.
 - 73d. Hysteria.
 - 73e. Psychosis, hysterical.
- 74. Other diseases of the nervous system.
 - 74a. Angioneurotic edema.
 - 74b. Epilepsy, Jacksonian.
 - 74c. Hiccough. (Do not use as a primary diagnosis when cause can be determined.)
 - 74d. Migraine.
 - 74e. Neurasthenia.
 - 74f. Psychosis due to organic brain disease.
 - 74g. Diseases of nervous system not specified.
- 75. Diseases of the eyes and their annexa.
- 75A. Follicular conjunctivitis.
 - 75Aa. Conjunctivitis, acute.
 - 75Ab. Conjunctivitis, chronic.
 - 75Ac. Conjunctivitis, follicular.
 - 75Ad. Conjunctivitis, phlyctenular.
- 75B. Trachoma.
Trachoma.

75C. Other diseases of the eyes and their annexa.

- 75Ca. Amaurosis.
- 75Cb. Amblyopia.
- 75Cc. Asthenopia.
- 75Cd. Astigmatism.
- 75Ce. Blepharitis.
- 75Cf. Cataract.
- 75Cg. Chalazion.
- 75Ch. Choroiditis.
- 75Ci. Dacryocystitis.
- 75Ck. Glaucoma.
- 75Cl. Hordeolum.
- 75Cm. Hypermetropia.
- 75Cn. Iritis.
- 75Co. Keratitis.
- 75Cp. Myopia.
- 75Cq. Optic neuritis.
- 75Cr. Panophthalmitis.
- 75Cs. Presbyopia.
- 75Ct. Pterygium.
- 75Cu. Retinitis.
- 75Cv. Sclerotitis.
- 75Cw. Snow blindness.
- 75Cx. Diseases of the eye and annexa, not specified.

76. Diseases of the ears.

- 76a. Cerumen, accumulation of.
- 76b. Otitis externa.
- 76c. Otitis interna.
- 76d. Otitis media.
- 76e. Other diseases of the ear.

III.—DISEASES OF THE CIRCULATORY SYSTEM

77. Pericarditis.

- Pericarditis.

78. Acute endocarditis.

- 78a. Endocarditis, acute.
- 78b. Myocarditis, acute.

79. Organic diseases of the heart.

- 79a. Cardiac dilatation.
- 79b. Cardiac hypertrophy.
- 79c. Endocarditis, chronic.
- 79d. Myocarditis, chronic.
- 79e. Valvular heart disease.
- 79f. Other diseases of the heart.

80. Angina pectoris.

- Angina pectoris.

81. Diseases of the arteries, atheroma, aneurysm, etc.

- 81a. Aneurysm.
- 81b. Arterial sclerosis.

82. Embolism and thrombosis.

- 82a. Embolism.
- 82b. Thrombosis

- 83. Diseases of the veins (varices, hemorrhoids, phlebitis, etc.).
 - 83a. Phlebitis.
 - 83b. Hemorrhoids.
 - 83c. Varicose ulcer.
 - 83d. Varicose veins.
 - 83e. Varicocele.
- 84. Diseases of the lymphatic system (lymphangitis, etc.).
 - 84a. Lymphadenitis (nonvenereal).
 - 84b. Lymphangitis (nonvenereal).
 - 84c. Other diseases of the lymphatic system.
- 85. Hemorrhage; other diseases of the circulatory system.
 - 85a. Bradycardia.
 - 85b. Cardiac palpitation. (Do not use as a primary diagnosis when cause can be determined.)
 - 85c. Epistaxis.
 - 85d. Tachycardia. (Do not use as a primary diagnosis when cause can be determined.)
 - 85e. Other diseases of the circulatory system, not specified.

IV.—DISEASES OF THE RESPIRATORY SYSTEM

- 86. Diseases of the nasal fossæ.
 - 86a. Rhinitis, acute.
 - 86b. Rhinitis, atrophic.
 - 86c. Rhinitis, hypertrophic.
 - 86d. Adenoids.
 - 86e. Deviation of nasal septum.
 - 86f. Polypus, nasal.
 - 86g. Other diseases of nasal fossæ.
- 87. Diseases of the larynx.
 - 87a. Laryngitis, acute.
 - 87b. Laryngitis, chronic.
 - 87c. Other diseases of the larynx.
- 88. Diseases of the thyroid body.
 - 88a. Goitre (except exophthalmic).
 - 88b. Thyreoiditis.
- 89. Acute bronchitis.
 - Acute bronchitis.
- 90. Chronic bronchitis.
 - Chronic bronchitis.
- 91. Broncho-pneumonia.
 - Broncho-pneumonia.
- 92. Pneumonia.
 - Pneumonia (lobar).
- 93. Pleurisy.
 - 93a. Empyema.
 - 93b. Haemothorax.
 - 93c. Pleurisy, acute fibrinous.
 - 93d. Pleurisy, chronic fibrinous.
 - 93e. Pleurisy, serofibrinous.
 - 93f. Pleuritic adhesions.
 - 93g. Pneumothorax.
- 94. Pulmonary congestion, pulmonary apoplexy.
 - 94a. Congestion of lung, acute.

- 95. Gangrene of the lung.
 - Gangrene of the lung.
- 96. Asthma.
 - Asthma.
- 97. Pulmonary emphysema.
 - Pulmonary emphysema.
- 98. Other diseases of the respiratory system.
 - 98a. Haemoptysis. (Do not use as a primary diagnosis when cause can be determined.)
 - 98b. Hay fever.
 - 98c. Other diseases of the respiratory system, not specified.

V.—DISEASES OF THE DIGESTIVE SYSTEM

- 99A. Diseases of the teeth and gums.
 - 99Aa. Alveolar abscess.
 - 99Ab. Dental caries.
 - 99Ac. Gingivitis.
 - 99Ad. Pyorrhœa alveolaris.
- 99B. Other diseases of the mouth and annexa.
 - 99Ba. Ulcer of mouth. (Do not use as a primary diagnosis when cause can be determined.)
 - 99Bb. Glossitis.
 - 99Bc. Stomatitis.
 - 99Bd. Other diseases of the mouth and annexa not specified.
- 100. Diseases of the pharynx.
 - 100a. Abscess of tonsil.
 - 100b. Hypertrophied tonsils.
 - 100c. Tonsillitis, acute, follicular.
 - 100d. Pharyngitis.
 - 100e. Other diseases of the pharynx.
- 101. Diseases of the esophagus.
 - Diseases of the esophagus.
- 102. Ulcer of the stomach.
 - Ulcer of the stomach.
- 103. Other diseases of the stomach (cancer excepted).
 - 103a. Dilatation of stomach.
 - 103b. Gastritis, acute, catarrhal.
 - 103c. Gastritis, chronic, catarrhal.
 - 103d. Hyperchlorhydria.
 - 103e. Hypochlorhydria.
 - 103f. Other diseases of the stomach not specified.
- 105. Diarrhea and enteritis (2 years and over).
 - 105a. Colitis.
 - 105b. Diarrhoea. (Do not use as a primary diagnosis when cause can be determined).
 - 105c. Enteritis.
 - 105d. Enterocolitis.
 - 105e. Fermentation, intestinal.
 - 105f. Gastroenteritis.
 - 105g. Ulcer of duodenum.
 - 105h. Ulcer of intestines.

- 106. Ankylostomiasis.
 - Ankylostomiasis.
- 107. Intestinal parasites.
 - 107a. *Ascaris lumbricoides*.
 - 107b. *Oxyuris vermicularis*.
 - 107c. *Strongyloides intestinalis*.
 - 107d. Tapeworm. (State kind.)
 - 107e. Other intestinal parasites.
- 108. Appendicitis and typhlitis.
 - 108a. Appendicitis, acute.
 - 108b. Appendicitis, chronic.
- 109. Herniæ; intestinal obstructions.
 - 109a. Inguinal hernia.
 - 109b. Intestinal obstruction.
 - 109c. Other herniæ.
- 110A. Diseases of the anus and fecal fistulas.
 - 110Aa. Proctitis.
 - 110Ab. Fissure of anus.
 - 110Ac. Fistula in ano.
- 110B. Other diseases of the intestines.
 - 110Ba. Abscess about rectum.
 - 110Bb. Autointoxication, intestinal.
 - 110Bc. Constipation.
 - 110Bd. Sprue.
 - 110Be. Other diseases of the intestines not specified.
- 111. Acute yellow atrophy of the liver.
 - Acute yellow atrophy of the liver.
- 112. Hydatid tumor of the liver.
 - Hydatid tumor of the liver.
- 113. Cirrhosis of the liver.
 - Cirrhosis of the liver.
- 114. Biliary calculi.
 - Biliary calculi.
- 115. Other diseases of the liver.
 - 115a. Abscess of the liver.
 - 115b. Adhèsions about gall bladder.
 - 115c. Cholangitis.
 - 115d. Cholecystitis.
 - 115e. Displacement of liver.
 - 115f. Functional derangement of liver (biliousness).
 - 115g. Other diseases of the liver and gall bladder.
- 116. Diseases of the spleen.
 - Diseases of the spleen.
- 117. Simple peritonitis (nonpuerperal).
 - 117a. Peritonitis, general. (Do not use as a primary diagnosis when cause can be determined.)
 - 117b. Peritonitis, local.
- 118. Other diseases of the digestive system (cancer and tuberculosis excepted).
 - 118a. Disease of the pancreas.
 - 118b. Subphrenic abscess.
 - 118c. Other diseases of the digestive system not specified.

VI. NONVENEREAL DISEASES OF THE GENITO-URINARY SYSTEM AND ANNEXA

119. Acute nephritis.
Acute nephritis.
120. Bright's disease.
 - 120a. Albuminuria. (Do not use as a primary diagnosis when cause can be determined.)
 - 120b. Nephritis, interstitial, chronic.
 - 120c. Nephritis, parenchymatous, chronic.
 - 120d. Uremia. (Use only as a secondary diagnosis, under appropriate form of nephritis.)
121. Chyluria.
Chyluria.
122. Other diseases of the kidneys and annexa.
 - 122a. Congestion of kidneys. (Do not use as a primary diagnosis when cause can be determined.)
 - 122b. Hematuria, renal. (Do not use as a primary diagnosis when cause can be determined.)
 - 122c. Perinephritic abscess.
 - 122d. Pyelitis.
 - 122e. Pyelonephritis.
 - 122f. Pyonephrosis.
 - 122g. Other diseases of kidney and annexa not specified.
123. Calculi of the urinary passages.
 - 123a. Calculus in bladder.
 - 123b. Nephrolithiasis.
 - 123c. Ureteral colic (colic, renal).
124. Diseases of the bladder.
 - 124a. Cystitis.
 - 124b. Enuresis. (Do not use as a primary diagnosis when cause can be determined.)
 - 124c. Retention of urine. (Do not use as a primary diagnosis when cause can be determined.)
 - 124d. Other diseases of the bladder.
125. Diseases of the urethra, urinary abscess, etc.
 - 125a. Stricture of urethra (nonvenereal).
 - 125b. Simple urethritis.
 - 125c. Other diseases of the urethra, not specified.
126. Diseases of the prostate.
 - 126a. Hypertrophied prostate.
 - 126b. Prostatitis (nonvenereal).
 - 126c. Other diseases of the prostate.
127. Nonvenereal diseases of the male genital organs.
 - 127a. Balanoposthitis.
 - 127b. Epididymitis (nonvenereal).
 - 127c. Hydrocele.
 - 127d. Orchitis (nonvenereal).
 - 127e. Paraphimosis.
 - 127f. Phimosis.
 - 127g. Other nonvenereal diseases of the male genital organs.

VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE

142. Gangrene.
 - 142a. Gangrene.
 - 142b. Raynaud's disease.

- 143. Furuncle.
 - 143a. Carbuncle.
 - 143b. Furuncle.
- 144. Acute abscess.
 - 144a. Abscess.
 - 144b. Cellulitis.
- 145. Other diseases of the skin and annexa.
 - 145A. Trichophytosis.
 - 145B. Scabies.
 - 145C. Other diseases of the skin and annexa.
 - 145Ca. Acne.
 - 145Cb. Bromidrosis.
 - 145Cc. Sarcopsiliasis. (Chigger.)
 - 145Cd. Chilblain.
 - 145Ce. Corns.
 - 145Cf. Dermatitis venenata.
 - 145Cg. Eczema.
 - 145Ch. Erythema.
 - 145Ci. Herpes.
 - 145Cj. Herpes zoster.
 - 145Ck. Hyperidrosis.
 - 145Cl. Impetigo.
 - 145Cm. Ingrowing nail
 - 145Cn. Prickly heat.
 - 145Co. Myiasis.
 - 145Cp. Onychia.
 - 145Cq. Pompholyx.
 - 145Cr. Paronychia.
 - 145Cs. Pediculosis.
 - 145Ct. Pemphigus.
 - 145Cu. Pityriasis.
 - 145Cv. Psoriasis.
 - 145Cw. Ulcer.
 - 145Cx. Urticaria.
 - 145Cy. Wart.
 - 145Cz. Other diseases of skin and annexa, not specified.

IX.—DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION

- 146. Diseases of the bones (tuberculosis excepted).
 - 146a. Frontal sinusitis.
 - 146b. Mastoiditis.
 - 146c. Necrosis. (Do not use as a primary diagnosis when cause can be determined.)
 - 146d. Osteomyelitis.
 - 146e. Periostitis.
 - 146f. Other diseases of the bones (tuberculosis excepted).
- 147. Diseases of the joints (tuberculosis and rheumatism excepted).
 - 147a. Ankylosis.
 - 147b. Arthritis.
 - 147c. Loose body in joint.
 - 147e. Synovitis (not to include traumatic synovitis).

149. Other diseases of the organs of locomotion.

- 149a. Bursitis.
- 149b. Ganglion.
- 149c. Hallux valgus (bunion).
- 149d. Hammer toe.
- 149e. Metatarsalgia.
- 149f. Myositis.
- 149g. Flat foot.
- 149h. Rheumatism, muscular.
- 149i. Tenontosynovitis.
- 149j. Torticollis.
- 149k. Other diseases of organs of locomotion not specified.

X.—MALFORMATIONS

150. Congenital malformations (stillbirths not included).

Congenital malformations (stillbirths not included).

XII.—OLD AGE

154. Senility.

- 154a. Psychosis, senile.
- 154b. Senility.

XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES

155. Suicide by poison.

Suicide by poison.

156. Suicide by asphyxia.

Suicide by asphyxia.

157. Suicide by hanging or strangulation.

Suicide by hanging or strangulation.

158. Suicide by drowning.

Suicide by drowning.

159. Suicide by firearms.

Suicide by firearms.

160. Suicide by cutting or piercing instruments.

Suicide by cutting or piercing instruments.

161. Suicide by jumping from high place.

Suicide by jumping from high place.

162. Suicide by crushing.

Suicide by crushing.

163. Other suicides.

Other suicides.

164. Poisoning by food.

164a. Ptomaine poisoning.

164b. Other poisonings by food.

165A. Venomous bites and stings.

Venomous bites and stings.

165B. Other acute poisonings (deleterious gases excepted).

165Ba. Narcotic poisoning, acute.

165Bb. Corrosive and irritant poisoning, acute.

165Bc. Other acute poisonings.

166. Conflagration. (To include all injuries of whatever nature resulting from the burning of buildings, ships, and forest fires.)

- 167. Burns (conflagration excepted).
 - 167a. Burns of —. (State site.)
 - 167b. Corrosive burns.
 - 167c. Scalds.
 - 167d. Sunburn.
 - 167e. X-ray burn.
- 168. Absorption of deleterious gases (conflagration excepted).
 - Absorption of deleterious gases (conflagration excepted).
- 169. Accidental drowning.
 - Accidental drowning.
- 170. Traumatism by firearms.
 - Traumatism by firearms.
- 171. Traumatism by cutting or piercing instruments.
 - 171a. Incised wound.
 - 171b. Punctured wound.
- 172. Traumatism by fall.
 - Traumatism by fall.
- 174. Traumatism by machines.
 - Traumatism by machines.
- 175. Traumatism by other crushing.
 - Traumatism by other crushing (vehicles, railroad, landslides, etc.).
- 176. Injuries by animals.
 - Injuries by animals.
- 177. Starvation.
 - Starvation.
- 177A. Overexertion.
 - 177Aa. Exhaustion from overexertion and exposure.
- 177B. Starvation.
 - 177Ba. Deprivation of water.
 - 177Bb. Starvation.
- 178. Excessive cold.
 - 178a. Exposure to extreme cold.
 - 178b. Frostbite.
- 179. Effects of heat.
 - 179a. Heat exhaustion.
 - 179b. Sunstroke.
 - 179c. Ill-defined effects of heat.
- 180. Lightning.
 - 180a. Lightning stroke.
- 181. Electricity (lightning excepted).
 - Electricity (lightning excepted).
- 182. Homicide by firearms.
 - Homicide by firearms.
- 183. Homicide by cutting or piercing instruments.
 - Homicide by cutting or piercing instruments.
- 184. Homicide by other means.
 - Homicide by other means.
- 185. Fractures.
 - 185a. Dislocation.
 - 185b. Sprains.
 - 185c. Fracture. (State location and cause.)

186. Other external violence.

- 186a. Abrasion.
- 186b. Blister.
- 186c. Concussion.
- 186d. Contused wound.
- 186e. Contusion.
- 186f. Deformity (traumatic or noncongenital).
- 186g. Lacerated wound.
- 186h. Ruptured muscle. (State muscle.)
- 186i. Ruptured organ. (State organ.)
- 186j. Other traumatisms not specified.

XIV.—ILL-DEFINED DISEASES

188. Sudden death.

Sudden death. (Cause unknown.)

189A. Disease not specified or ill defined.

- 189Aa. Febricula, simple, continued and other fevers of undetermined cause.
- 189Ab. Seasickness.
- 189Ac. Headache.
- 189Ad. Insomnia.

189B. No disease, feigned disease.

- 189Ba. Under observation, undiagnosed or unknown.
- 189Bb. Malingering.

444½. The following special requirements will be observed:

(a) Pathological lesions should be recorded rather than their symptoms.

(b) In all cases in which the cause of admission is a local manifestation of a general affection the character and locality of the one and the nature of the other should be stated.

(c) The organ or part affected should be specified when the name of the morbid condition fails to indicate it, as in paralysis, aneurism, ulcer, herpes, etc.; also in inflammations, as adenitis, osteitis, arthritis, synovitis, etc., and in local injuries, as abrasions, burns, contusions, dislocations, etc.

(d) Inflammations should be reported as acute or chronic, and the grade of the inflammatory condition of the mucous membranes, whether catarrhal or suppurative, should be stated.

(e) The term "heart disease" should not be recorded when the special affection can be determined.

(f) In pulmonary affections the lobe or lobes involved should be designated; also whether the disease is confined to the right or left or extends to both lungs. The complications of pleurisy should be particularly noted.

(g) Deviations from the normal in cases of impairment of vision or hearing should be ascertained and noted.

(h) In case of injury, its character, location, and severity should be stated, the date of its occurrence should be given, its cause should be noted, the nature of the missile, weapon, or other producing agent

shown, and the circumstances attending its origin indicated. If it was accidental, that fact should appear. If it was intentional, the record should show whether it was judicial, homicidal, suicidal, self-inflicted, or otherwise, as the case may be. In gunshot wounds the points of entrance and exit of the missile and the parts implicated should be recorded.

(i) Fractures should be designated as simple, comminuted, compound, or complicated, the character of the complications being stated.

(j) The exact location, variety, and cause of hernia should be given, and, when strangulated, the condition and the means employed for relief.

(k) Diseases due to venereal contagion, to the abuse of stimulants or narcotics, or to immoral practices should be so recorded.

(l) Distinction should be made between inflammations of venereal origin and those of nonvenereal origin, as in cases of balanitis, orchitis, bubo, etc., specifying the nature of the venereal cause and the causation in the nonvenereal cases.

(m) Distinction should also be made between the venereal ulcer known as chancroid and the hard chancre of primary syphilis.

(n) The terms "venereal warts," "venereal bubo," etc., are indefinite and should not be used. The lesion should be recorded and its specific cause stated.

(o) In cases of old injury constituting a cause of admission the original injury and the condition of the injured part at the date of current admission will be stated. If there is no record of the original injury in the register, record will also be made under this head of its date, place, and cause, and the circumstances attending it; but if the date, cause, etc., are given in the register for a previous admission, the same need not be repeated, but may be referred to as follows: "For date, etc., of original injury, see Reg. No. —."

(p) In all cases of poisoning the name of the poison should be given.

(q) Special notes should be made of cases of malingering or feigned diseases and of the means employed for their detection.

(r) When no diagnosis can be reached, the fact should be stated, together with the conditions which prevent the recognition of the disease or injury.

452. The numerical statement will show the number of patients remaining under treatment at the date of last report and the number admitted from all sources, the aggregate of these being accounted for as completed cases and as cases remaining in hospital and in quarters at date. The completed cases comprise those terminated by return to duty, death, discharge from the service, retirement for disability or by operation of law, desertion, transfer to other commands, etc. Deaths, and retirements and discharges for disability, occur-

ring among officers and soldiers not on the register, will be tabulated above the line and in the proper space. The numerical statement will show also the aggregate number of days lost from sickness in any one month by officers and soldiers in hospital and in quarters, and should include all days lost during the month by such cases without regard to whether they were remaining from the previous month or were admitted during the month. Below the data for soldiers will be shown those for military convicts and other civilians who are treated in hospital or die.









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